

Back To Chiropractic Continuing Education Seminars

Cultural Diversity and Care ~ 6 Hours

Welcome:

This course counts as 6 Hours of CE for the Chiropractic Board of Examiners for the state of California.

There is no time element to this course, take it at your leisure. If you read slow or fast or if you read it all at once or a little at a time it does not matter.



How it works:

- 1. Helpful Hint: Print exam only and read through notes on computer screen and answer as you read.**
 - 2. Printing notes will use a ton of printer ink, so not advised.**
 - 3. Read thru course materials.**
 - 4. Take exam; e-mail letter answers in a NUMBERED vertical column to marcusstrutzdc@gmail.com.**
 - 5. If you pass exam (70%), I will email you a certificate, within 24 hrs, if you do not pass, you must repeat the exam. If you do not pass the second time then you must retake and pay again.**
 - 6. If you are taking the course for DC license renewal you must complete the course by the end of your birthday month for it to count towards renewing your license. I strongly advise to take it well before the end of your birthday month so you can send in your renewal form early.**
 - 7. Upon passing, your Certificate will be e-mailed to you for your records.**
 - 8. DO NOT send the state board this certificate.**
 - 9. I will retain a record of all your CE courses. If you get audited and lost your records, I have a copy.**
- 

The Board of Chiropractic Examiners requires that you complete all of your required CE hours BEFORE you submit your chiropractic license renewal form and fee.

NOTE: It is solely your responsibility to complete the course by then, no refunds will be given for lack of completion.

Enjoy,

Marcus Strutz DC

CE Provider

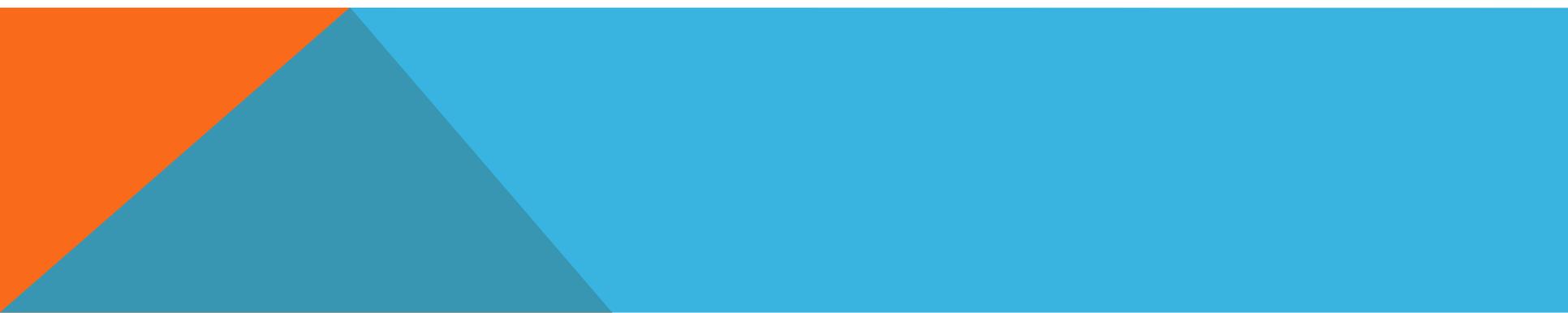
Back To Chiropractic CE Seminars

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CULTURAL DIVERSITY IN HEALTH AND ILLNESS

KIM B. KHAUV, DC MPH

REFERENCE TEXTBOOKS

Rachel E. Spector: Cultural Diversity in Health and Illness, Sixth Edition

Evelyn Lee: Working with Asian Americans, a guide for Clinicians

Martha O. Loustau and Elisa J. Sobo: The Cultural Context of Health, Illness and Medicine

Freddy A. Paniagua: Assessing and Treating Culturally Diverse Clients, a practical guide

Sybil M. Lassiter: Cultures of Color in America, a guide to Family, Religion and Health

Larry D. Purnell and Betty J. Paulanka: Transcultural Health Care, a Culturally Competent Approach

In response to increasing population diversity in the United States, we will learn how to be the BEST chiropractor we can BE while serving these diverse communities.

Healthcare providers that are culturally sensitive have patients that are more comfortable with the practice, become more compliant with treatment plans, and improve greater health outcomes.



OVERVIEW: PART I

- **Topics, Goal and Objectives**
- **Concepts of Culture, Ethnicity, Religion, Socialization**
- **Population Diversity: Census 2010**
- **Concepts of Health and Illness**
- **Health Traditions**

OVERVIEW: PART II

- **Healing Traditions**
- **Delivery of Health Care in the United States**
- **Health and Illness in the American Indian and Alaska Native Population**
- **Health and Illness in the Asian Population**
- **Health and Illness in the Black Population**
- **Health and Illness in the Latin/Hispanic Population**
- **Health and Illness in the White Population**

Topics we will discuss...

- **Cultural heritage and its contribution to health beliefs and practices**
- **The diversity, demographic and economic, existing in contemporary society**
- **Health care providers' and patients' ways of understanding the maintenance, protection, and restoration of health and illness**
- **Cultural and institutional factors that affect the patient's access to and use of health care resources**

GOAL

The goal of this lecture is to broaden the student's perception and understanding of health and illness and the variety of meanings these terms carry for differing members of sociocultural populations.

OBJECTIVES

On completion of this lecture, the student should be able to:

- **Discuss the meanings of culture, ethnicity, religion and socialization and their contribution to health beliefs and practices.**
- **Discuss the diversity, demographic and economic, existing in contemporary society.**
- **Understand more fully the perception and meaning of health and illness among recipients of health care.**
- **Discuss with people who have experienced problems in dealing with the American health care system.**
- **Develop interventions health care practitioners can provide to correct and diminish it.**

CONCEPTS OF CULTURE

- **Culture: like a luggage each of us carries around for our lifetime**
- **It is the sum of beliefs, practices, habits, likes, dislikes, norms, customs, rituals, etc. that we learn from our families and communities from years of socialization.**
- **We then transmit our cultural luggage to our children.**

In 1998, the Office of Minority Health defined Culture as...

“the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups”

Office of Minority Health (2001), *National standards for culturally and linguistically appropriate services in health care*. Washington, DC:

US Department of Health and Human Services p.131

RELATED CULTURAL CONCEPTS IN HEALTH CARE

- **Culturally Competent:** implies that within the delivered care the provider understands and attends to the total context of the patient's situation and it is a complex combination of knowledge, attitudes, and skills. (ie. learned about the health behaviors of Latin Americans)
- **Culturally Appropriate:** implies that the provider applies the underlying background knowledge that must be possessed to provide a given patient with the best possible health care. (ie. applies that knowledge by changing office procedures, Spanish speaking staff...)
- **Culturally Sensitive:** implies that the provider possess some basic knowledge of and constructive attitudes toward the health traditions observed among the diverse cultural groups found in the setting in which they are practicing. (ie. Latin Americans believe in traditional healers and folk medicine)

CONCEPTS OF ETHNICITY

Office of Minority Health's definition of Ethnic:

“a group of people that share a common and distinctive racial, national, religious, linguistic or cultural heritage”

Office of Minority Health (2001), *National standards for culturally and linguistically appropriate services in health care*. Washington, DC:

US Department of Health and Human Services p.131

RELATED TERMS

- **Ethnicity:** *n.* (1) the condition of belonging to a particular ethnic group; (2) ethnic pride
- **Ethnocentrism:** *n.* (1) belief in the superiority of one's own ethnic group; (2) overriding concern with race
- **Racism:** The belief that members of one race are superior to those of other races
- **Sexism:** The belief that members of one gender are superior to the other gender
- **Heterosexism:** The belief that everyone is or should be heterosexual and that heterosexuality is best, normal or superior.
- **Ageism:** The belief that members of one age group are superior to those of other ages
- **Xenophobe:** *n.* a person unduly fearful or contemptuous of strangers or foreigners, especially as reflected in his political or cultural views
- **Xenophobia:** a morbid fear of strangers

ETHNIC GROUPS

- **There are at least 106 ethnic groups and more than 500 American Indian Nations in the United States that meet many of the criteria of ethnic groups.**
- **People continue to immigrate to the United States from Vietnam, Laos, Cambodia, Cuba, Haiti, Mexico, and South and Central America.**

Thernstrom, S. (Ed.). (1980). *Harvard encyclopedia of American ethnic groups*. Cambridge: Harvard University Press.

CONCEPTS OF RELIGION

**The Office of Minority Health defines religion
as:**

**“a set of beliefs, values, and practices based
on the teachings of a spiritual leader”**

Office of Minority Health (2001), *National standards for culturally and linguistically appropriate services in health care*. Washington, DC:

US Department of Health and Human Services p.132

CONCEPTS OF RELIGION

- **Religious teachings in relation to health help to present a meaningful philosophy and system of practices within a system of social controls having specific values, norms and ethics.**
- **They are related to health in that adherence to a religious code conducive to spiritual harmony and health.**
- **Illness is sometimes seen as the punishment for the violation of religious codes and morals.**

CHANGES IN RELIGION

- **In 1990, 90% of the adult population identified with one or another religion group. In 2001, such identification has dropped to 81%.**
- **The proportion of the population that can be classified as Christian has declined from 86% in 1990 to 77% in 2001.**
- **The number of adults who classify themselves in non-Christian religious groups has increased from about 5.8 million to about 7.7 million, the proportion of non-Christians has increased only by a very small amount - from 3.3 % to about 3.7 %.**

CHANGES IN RELIGION

- **The greatest increase in absolute as well as in percentage terms has been among those adults who do not subscribe to any religious identification; their number has more than doubled from 14.3 million in 1990 to 29.4 million in 2001; their proportion has grown from just 8% of the total in 1990 to over 14% in 2001**
- **There has also been an increase in the number of adults who refused to reply to the question about their religious preference, from about four million or 2% in 1990 to more than eleven million or > 5% in 2001.**

EXHIBIT 3

Outlook of U.S. Adult Population: Religious or Secular

“When it comes to your outlook, do you regard yourself as...”

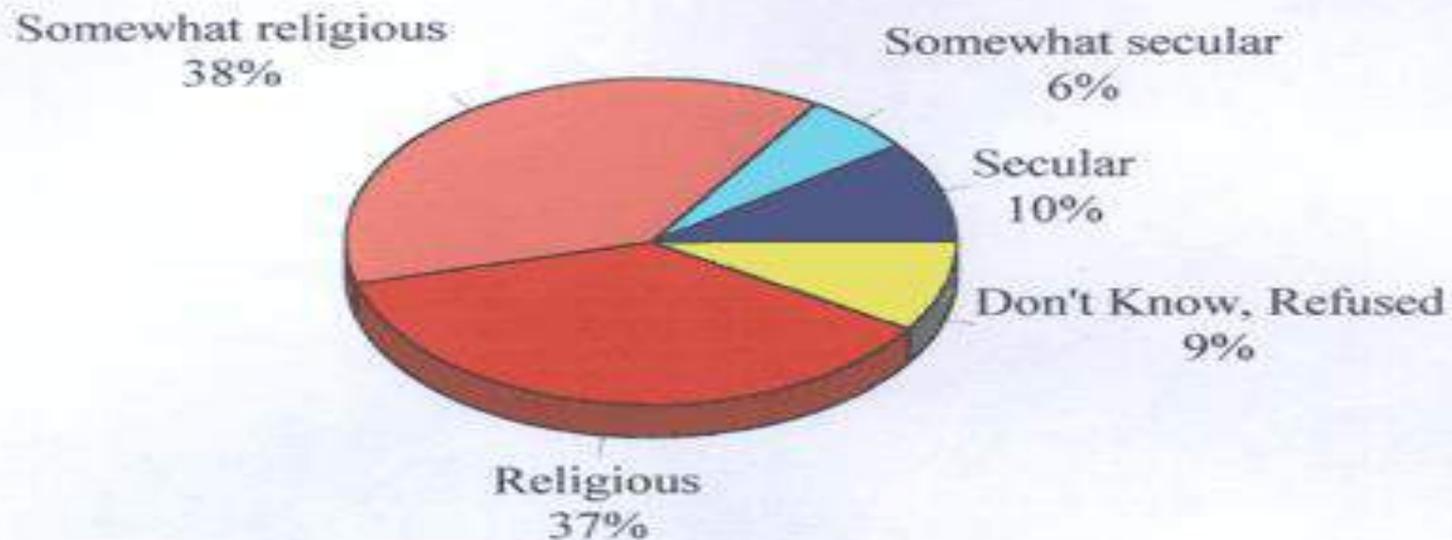
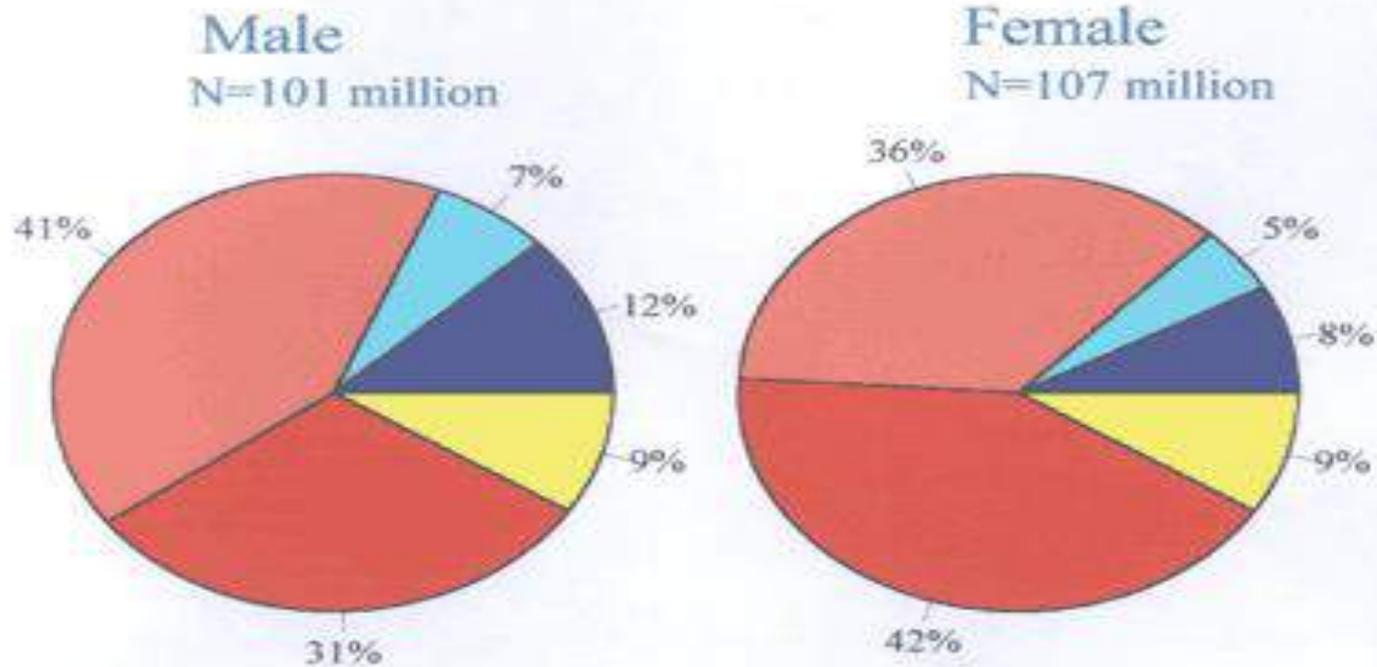


EXHIBIT 4

Outlook of U.S. Adult Men & Women: Religious or Secular



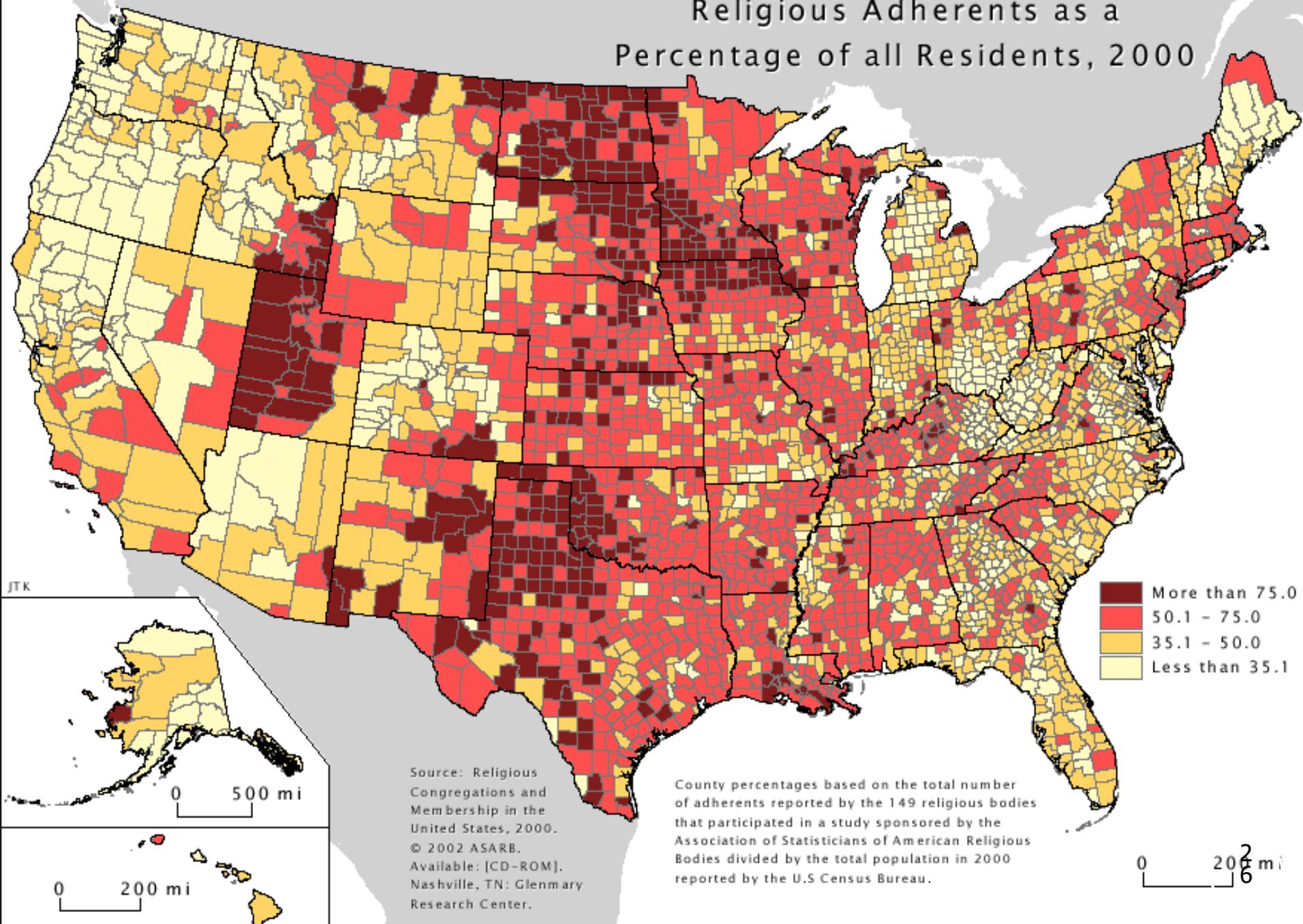
“When it comes to your outlook, do you regard yourself as...”



**AND WHERE ARE THEY
LIVING?**

**THE HIGHEST PERCENTAGE
OF RELIGIOUS RESIDENTS
LIVE IN THE MIDDLE OF THE
US, AWAY FROM THE WEST
AND EAST COASTS.**

Religious Adherents as a Percentage of all Residents, 2000

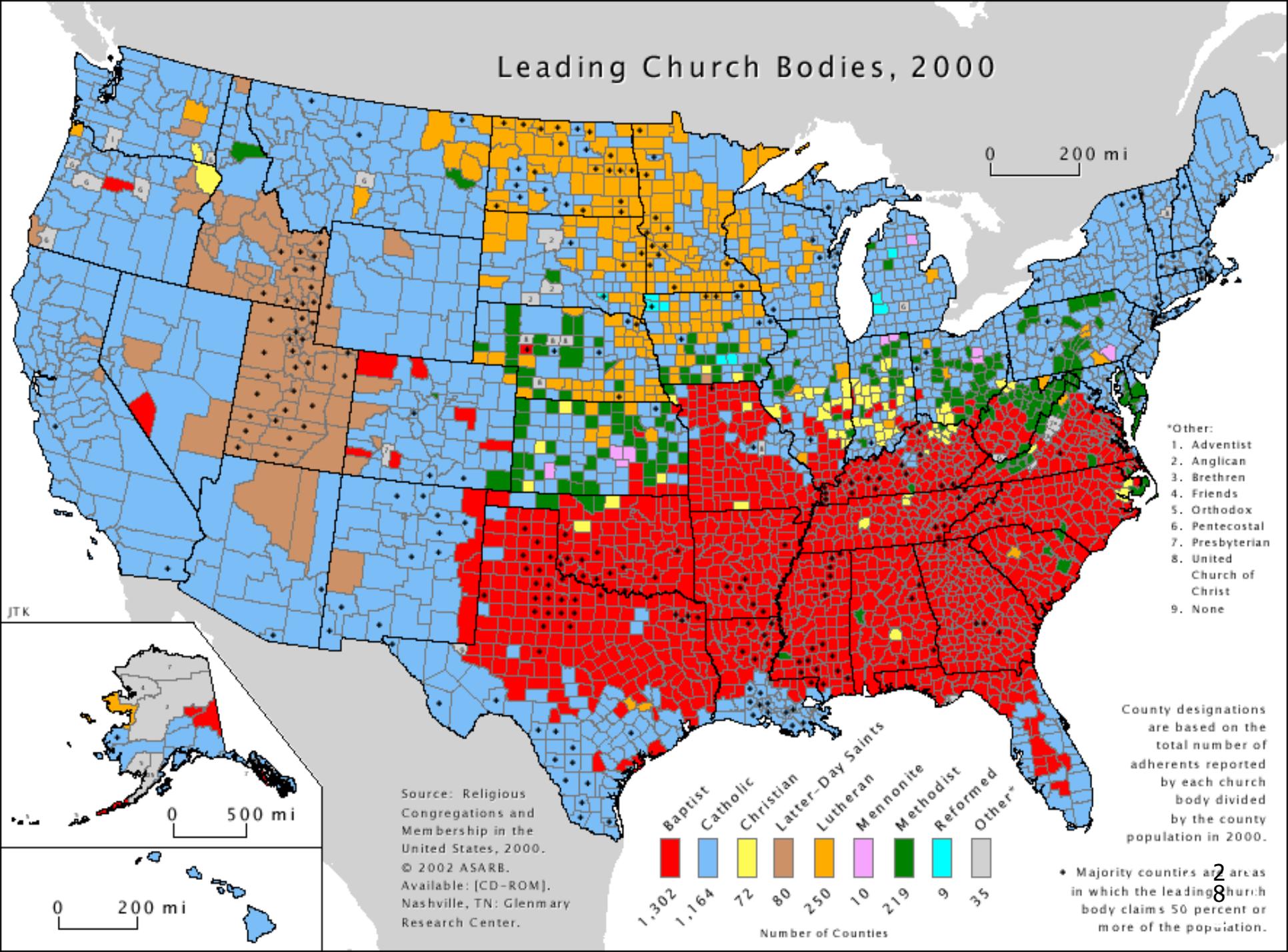


Source: Religious Congregations and Membership in the United States, 2000. © 2002 ASARB. Available: [CD-ROM]. Nashville, TN: Glenmary Research Center.

County percentages based on the total number of adherents reported by the 149 religious bodies that participated in a study sponsored by the Association of Statisticians of American Religious Bodies divided by the total population in 2000 reported by the U.S. Census Bureau.

**DEPENDING ON WHAT PART
OF THE COUNTRY YOU
PRACTICE IN, YOU ARE
LIKELY TO BE TAKING CARE
OF CATHOLICS, BAPTISTS,
OR LUTHERANS.**

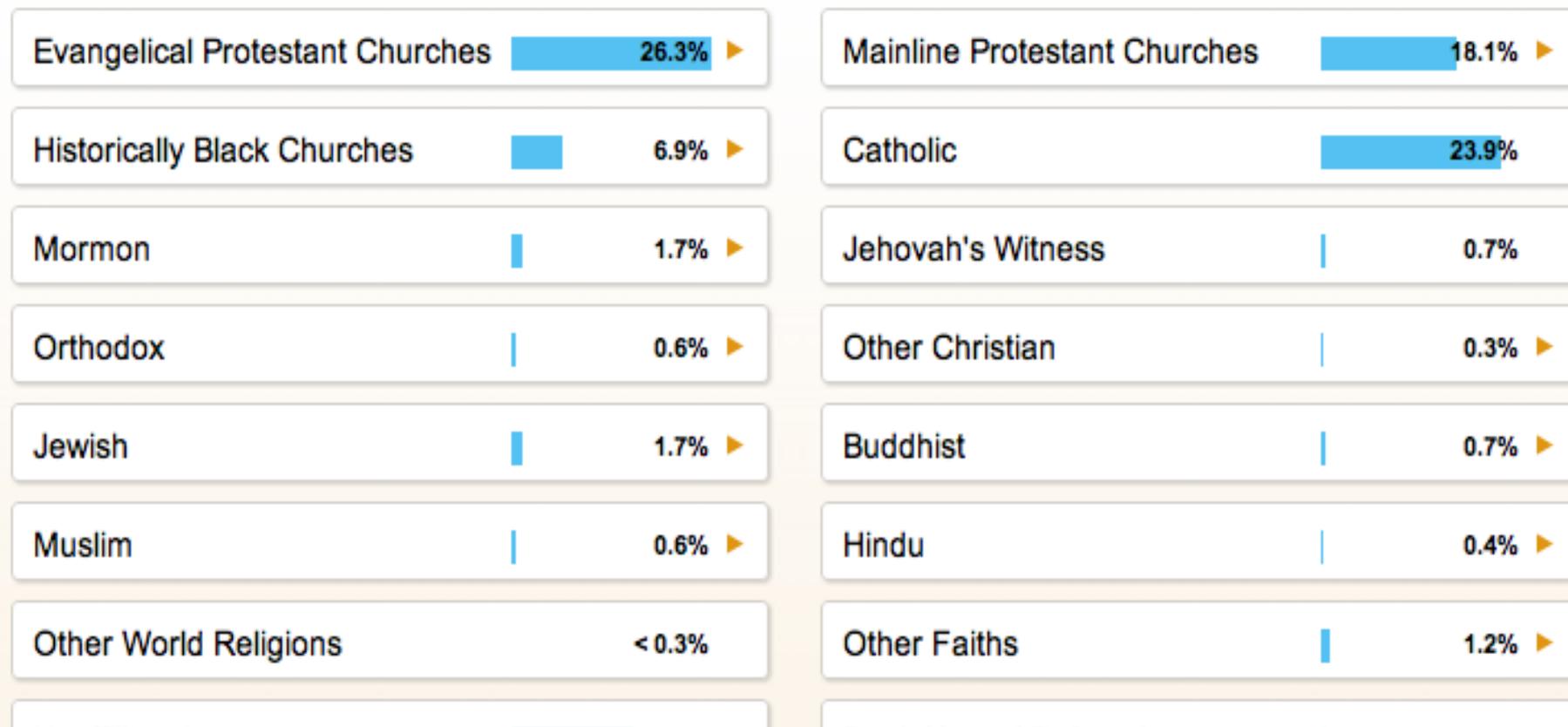
Leading Church Bodies, 2000



US RELIGIOUS LANDSCAPE SURVEY 2012

THE PEW FORUM ON RELIGION AND PUBLIC LIFE

Click on the arrows (▶) below to view the religious groups that make up each tradition. The percentage next to each religious group indicates the percentage of U.S. adults who belong to that group. For more information on how the Pew Forum classified different religious groups under particular traditions, see the [survey methodology](#) in the Full Reports.



Unaffiliated



Atheist

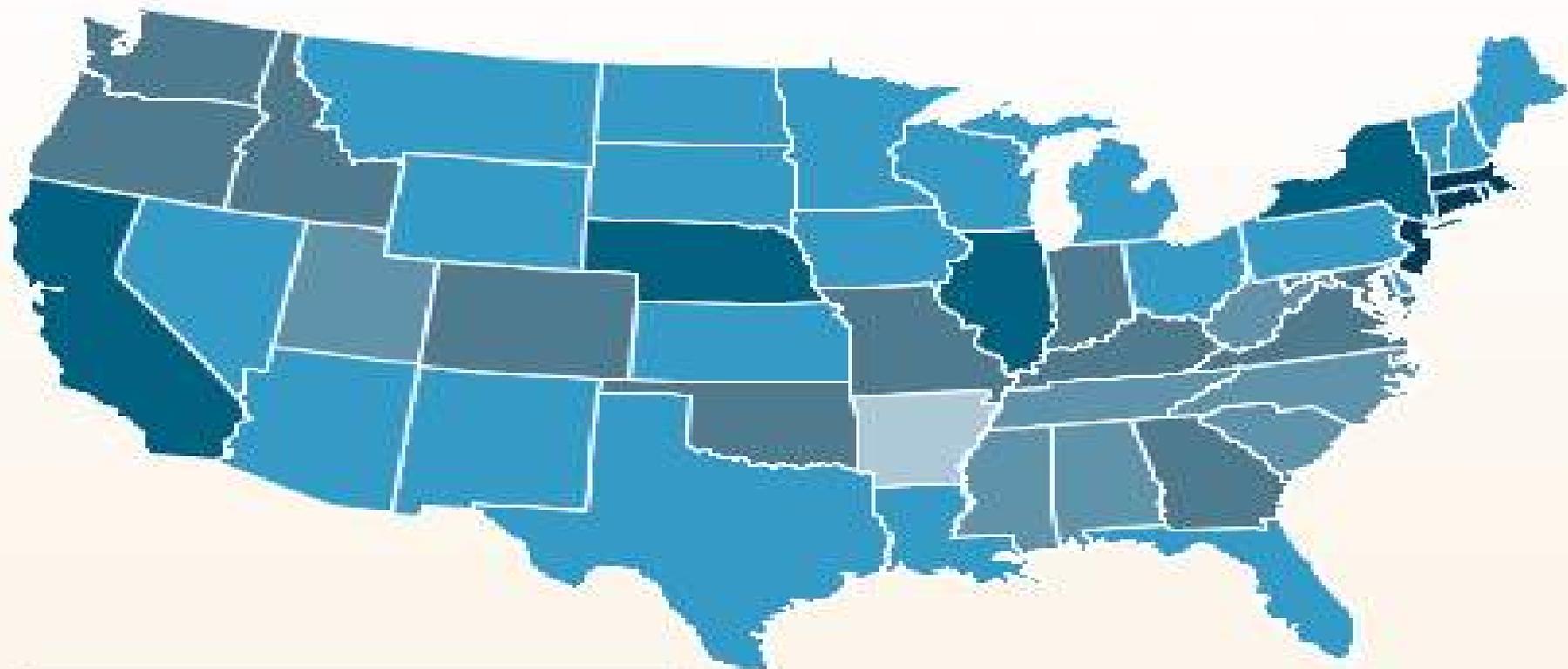
1.6%

Agnostic

2.4%

Nothing in particular

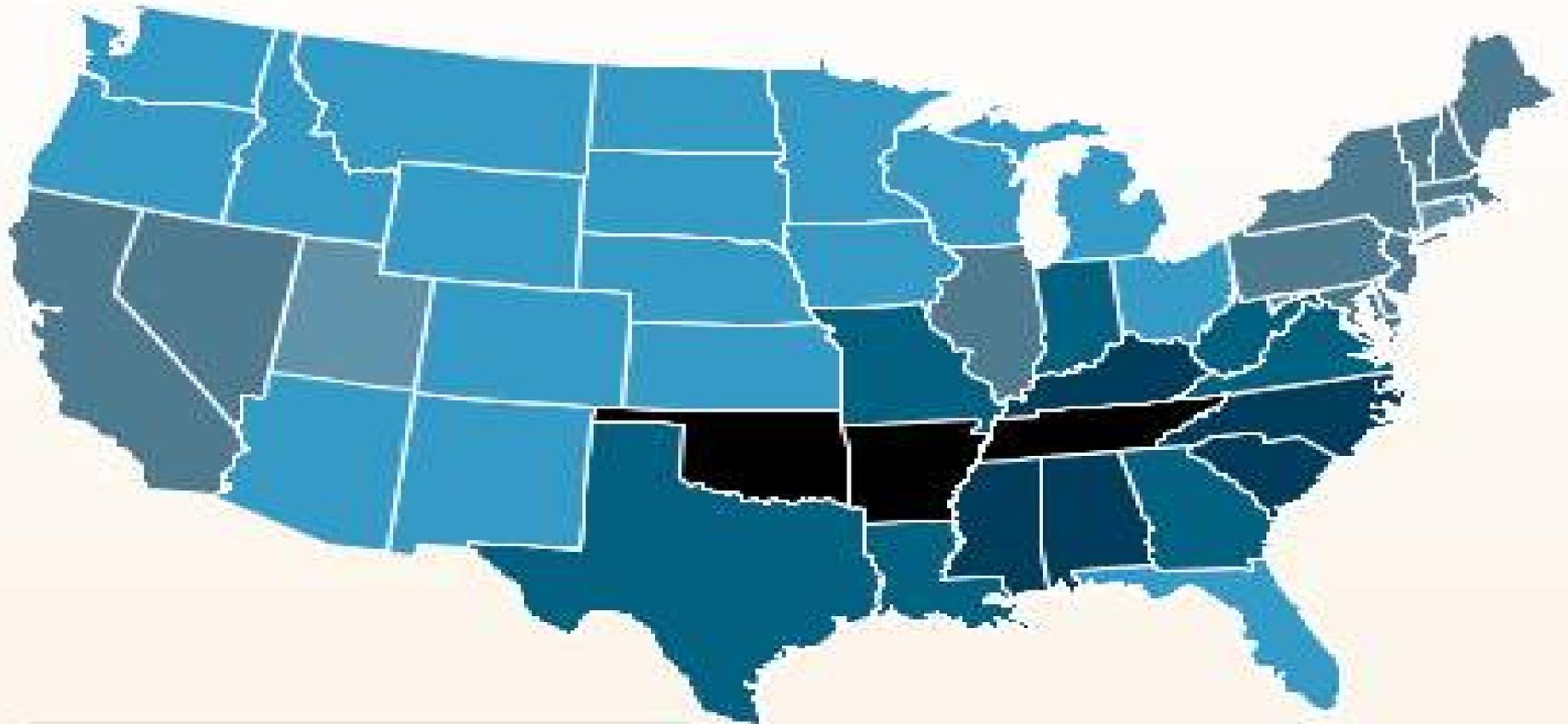
12.1%



Percentage of Each State's Population that affiliates with Catholic Tradition

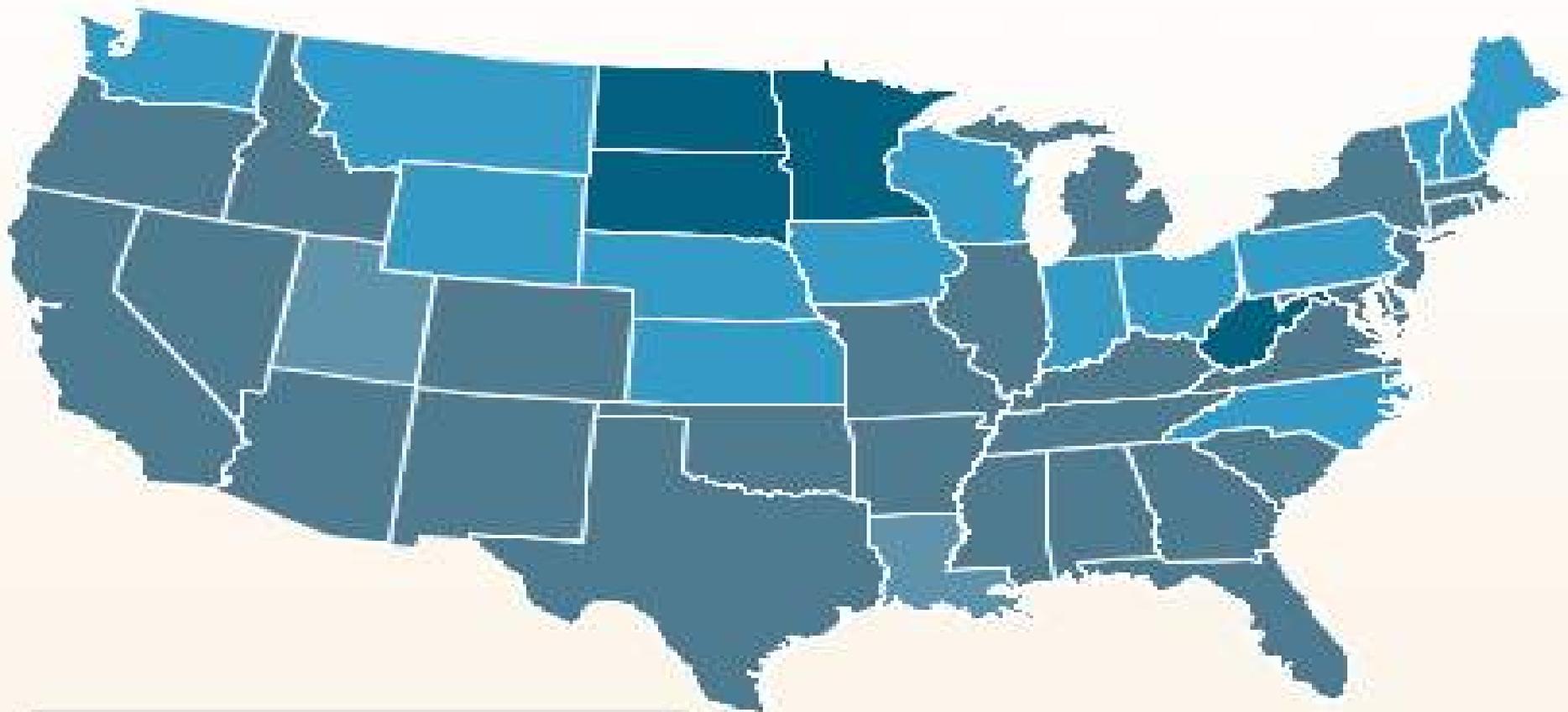


Note: Eight traditions (Buddhist, Hindu, Jehovah's Witness, Muslim, Orthodox, Other Christian, Other Faiths and Other World Religions) constitute 5% or less of the population in nearly every state. In these cases, the map will show little or no variation.



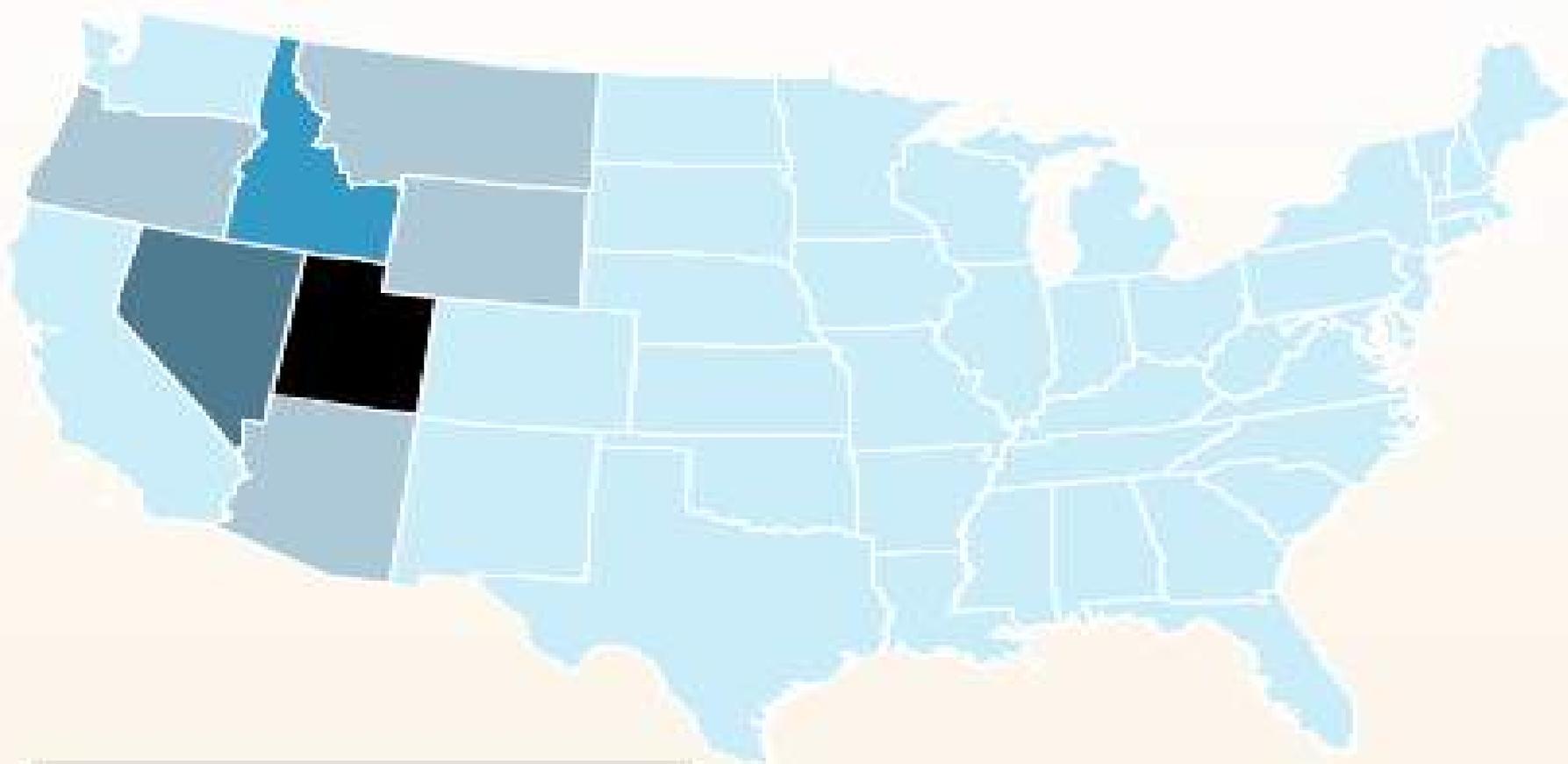
Percentage of Each State's Population that affiliates with Evangelical Protestant Tradition





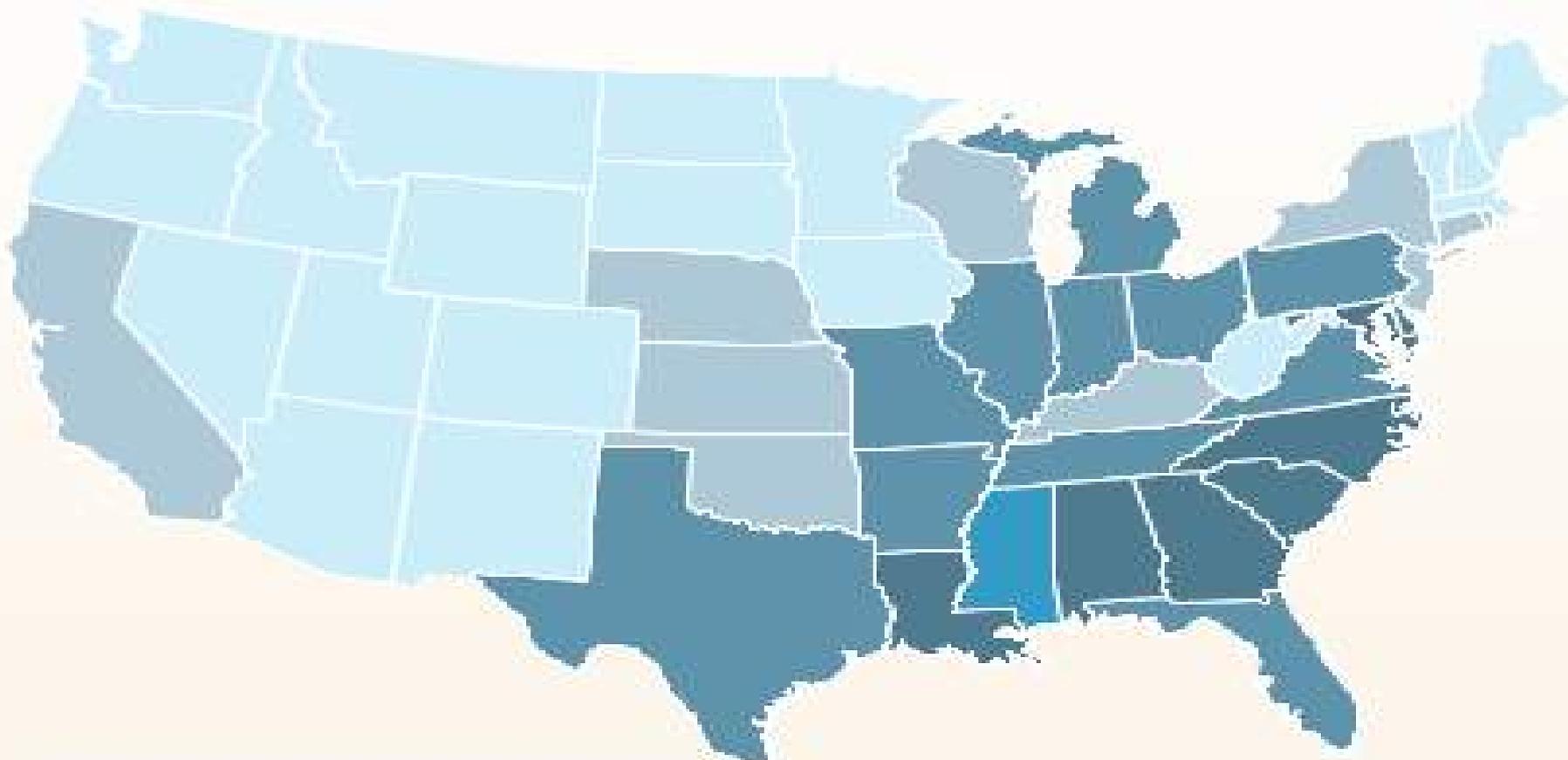
Percentage of Each State's Population that affiliates with Mainline Protestant Tradition





Percentage of Each State's Population that affiliates with Mormon Tradition





Percentage of Each State's Population that affiliates with Historically Black Protestant Tradition



Belief in God or Universal Spirit

U.S. Religious Traditions	Believe in God: absolutely certain	Believe in God: fairly certain	Believe in God: not too certain/ not at all certain/ unsure how certain	Do not believe in God	Don't know/ refused/ other	Sample Size
National Total:	71%	17%	4%	5%	3%	35556
Evangelical Churches	90%	8%	1%	0%	1%	9472
Mainline Churches	73%	21%	3%	1%	2%	7470
Historically Black Churches	90%	7%	1%	0%	1%	1995
Catholics	72%	21%	4%	1%	2%	8054
Mormons	90%	8%	1%	0%	0%	581
Orthodox	71%	19%	5%	4%	1%	363
Jehovah's Witnesses	93%	4%	1%	0%	2%	215
Other Christians	82%	11%	4%	1%	2%	129
Jews	41%	31%	11%	10%	7%	682
Muslims	82%	9%	1%	5%	2%	116
Buddhists	39%	28%	8%	19%	6%	411
Hindus	57%	26%	9%	5%	3%	257
Other Faiths	53%	23%	6%	9%	9%	449
Unaffiliated	36%	24%	10%	22%	8%	5048

Question wording: Do you believe in God or a universal spirit? [IF YES, ASK:] How certain are you about this belief? Are you absolutely certain, fairly certain, not too certain, or not at all certain?

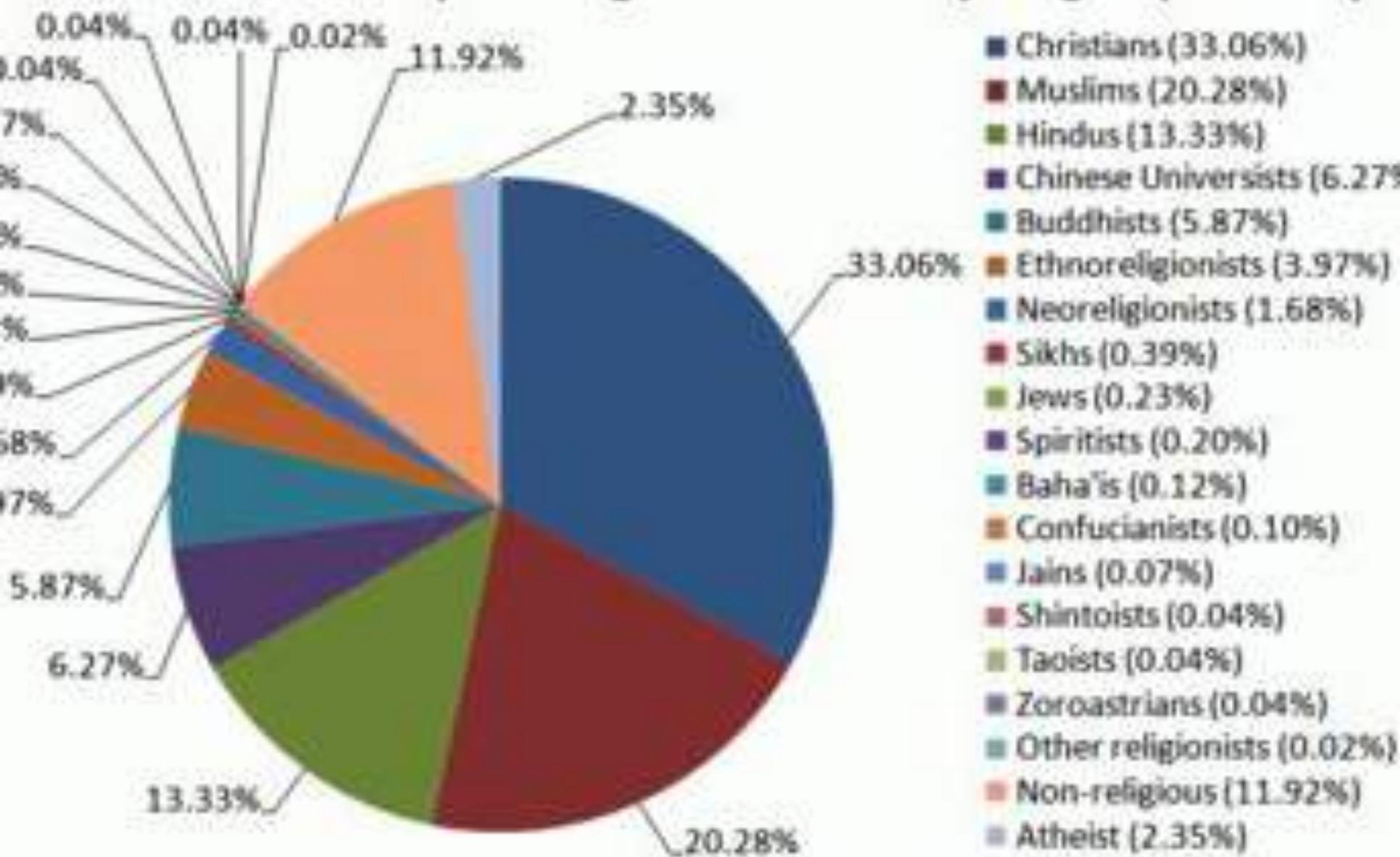
Importance of Religion in One's Life

U.S. Religious Traditions	Very important	Somewhat important	Not too/ not at all important	Don't know/ refused	Sample Size
National Total:	56%	26%	16%	1%	35556
Evangelical Churches	79%	17%	3%	1%	9472
Mainline Churches	52%	35%	12%	1%	7470
Historically Black Churches	85%	13%	2%	0%	1995
Catholics	56%	34%	9%	1%	8054
Mormons	83%	13%	4%	0%	581
Orthodox	56%	31%	12%	0%	363
Jehovah's Witnesses	86%	10%	2%	1%	215
Other Christians	60%	22%	17%	1%	129
Jews	31%	41%	28%	1%	682
Muslims	72%	18%	9%	1%	1050
Buddhists	35%	38%	24%	2%	411
Hindus	45%	40%	15%	1%	257
Other Faiths	39%	30%	28%	3%	449
Unaffiliated	16%	25%	57%	2%	5048

Question wording: How important is religion in your life – very important, somewhat important, not too important, or not at all important?

Data for Muslims from "Muslim Americans: Middle Class and Mostly Mainstream," Pew Research Center, 2007.

Worldwide percentage of Adherents by Religion (mid 2005)



CONCEPTS OF SOCIALIZATION

- **Socialization is the process of being raised within a culture and acquiring the characteristics of that group**
- **Education (elementary, high school, etc.) is a form of socialization**
- **Recent immigrants may experience biculturalism, a dual pattern of identification and often of divided loyalty**
- **Can be a difficult and painful process**

ACCULTURATION

- **The member of the minority group is forced to learn the new culture to survive.**
- **Also refers to the cultural or behavioral assimilation to the host society.**
- **People assume that it takes three generations of acculturation in the United States; the grandchild of an immigrant is considered fully Americanized.**

SIX CULTURAL PHENOMENA AFFECTING HEALTH

- **Environmental Control: health beliefs, traditional healers**
- **Biological Variations: Sickle Cell in African Americans and Lactose intolerance in Asians, Mexicans, Jewish Americans**
- **Social Organization: extended family, church, religion; social barriers to health: homelessness, poverty, lack of insurance**

SIX CULTURAL PHENOMENA AFFECTING HEALTH

- **Communication: different languages, verbal and nonverbal behaviors, silence; eye contact (respect, disrespect)**
- **Space: personal space and territorial; patient/provider distance**
- **Time Orientation: US and Canada are future-oriented, long range plan for health by prevention. Present-time oriented, deal with problems when it comes; may be late to appointments.**

Giger JN, Davidhizar RE (1995). *Transcultural nursing assessment and intervention* (2nd ed.). St. Louis: Mosby-Year Book.

POPULATION DIVERSITY

United States[®]
Census
2010



US AND WORLD POPULATION AS OF JUNE 2015

U.S. Department of Commerce | Blogs | Index A-Z | Glossary | FAQs



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U.S. and World Population Clock

Note: The Population Clock is consistent with 2010 Census data and the most recent national population estimates.

Jun 13, 2015 22:26 UTC (+7)

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U.S. Population

3 2 1 , 0 7 3 , 3 2 7



World Population

7 , 2 4 9 , 6 4 9 , 0 4 5

COMPONENTS OF POPULATION CHANGE

22:26:37 UTC

One birth every **8 seconds**



One death every **13 seconds**



One international migrant (net) every **32 seconds**



Net gain of one person every **13 seconds**

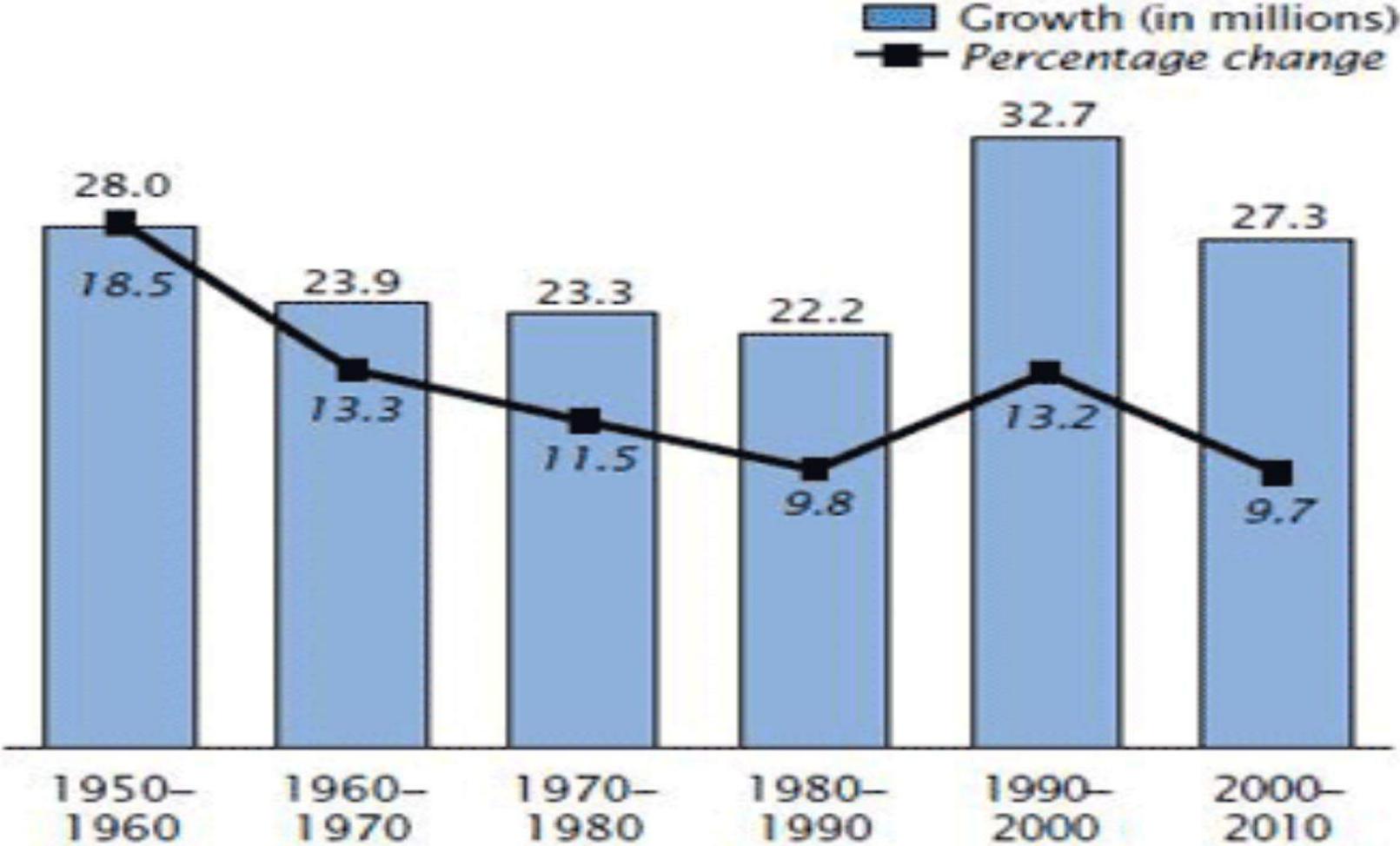


TOP 10 MOST POPULOUS COUNTRIES

1. China	1,361,512,535	6. Pakistan	199,085,847
2. India	1,251,695,584	7. Nigeria	181,562,056
3. United States	321,362,789	8. Bangladesh	168,957,745
4. Indonesia	255,993,674	9. Russia	142,423,773
5. Brazil	204,259,812	10. Japan	126,919,659

THE US SAW GREATEST PERCENTAGE INCREASE BETWEEN 1950-70 AND 1990-2000.

U.S. Population Change: 1950-1960 to 2000-2010



People are moving to the West and South regions.

POPULATION CHANGE

POPULATION DENSITY

APPORTIONMENT

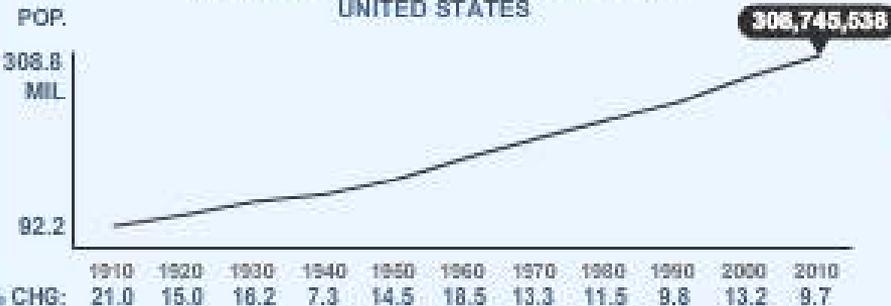
United States
Census
Bureau

FULL SCREEN

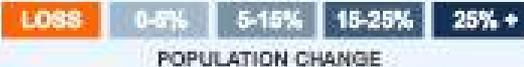
Population Change

Population change is the rate of change in population between decennial census years. While every census region grew considerably during the twentieth century, the South and West experienced the largest increases in population.

POPULATION CHANGE SINCE 1910
UNITED STATES



LEGEND



REGIONAL POPULATION GROWTH 2000-2010



Choose a
Decennial
Census Year

1910

1920

1930

1940

1950

1960

1970

1980

1990

2000

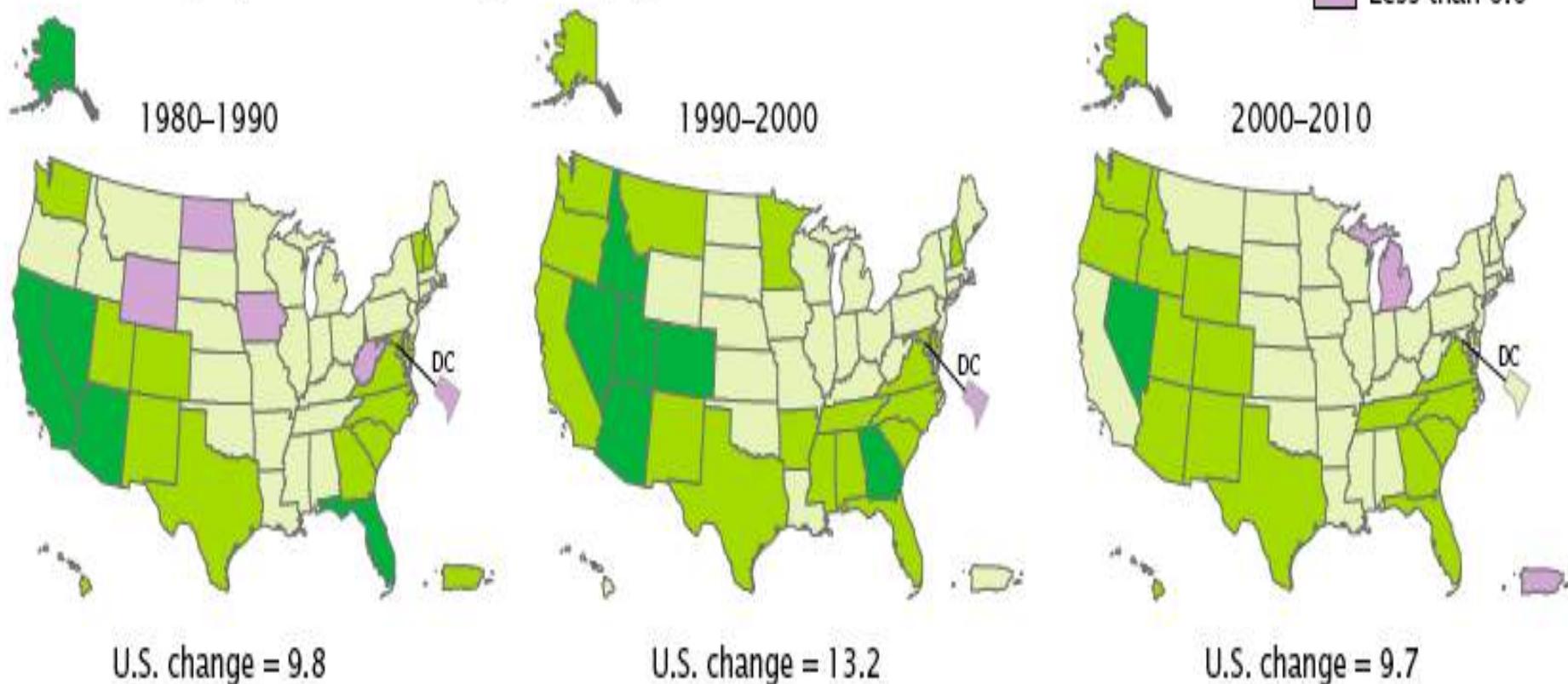
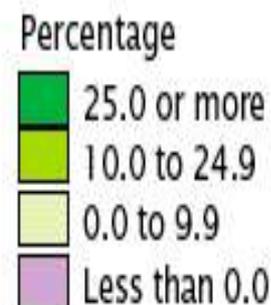
2010

See footnotes below

Figure 3.

Percentage Change in Population by State and Decade: 1980-1990 to 2000-2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pl94-171.pdf)



Source: U.S. Census Bureau, 2010 Census, Census 2000, 1990 Census, and 1980 Census.

Population Change for the Ten Most Populous and Ten Fastest-Growing Metropolitan Statistical Areas: 2000 to 2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pl94-171.pdf)

Metropolitan statistical area	Population		Change	
	2000	2010	Number	Percent
MOST POPULOUS				
New York-Northern New Jersey-Long Island, NY-NJ-PA	18,323,002	18,897,109	574,107	3.1
Los Angeles-Long Beach-Santa Ana, CA	12,365,627	12,828,837	463,210	3.7
Chicago-Joliet-Naperville, IL-IN-WI	9,098,316	9,461,105	362,789	4.0
Dallas-Fort Worth-Arlington, TX	5,161,544	6,371,773	1,210,229	23.4
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	5,687,147	5,965,343	278,196	4.9
Houston-Sugar Land-Baytown, TX	4,715,407	5,946,800	1,231,393	26.1
Washington-Arlington-Alexandria, DC-VA-MD-WV	4,796,183	5,582,170	785,987	16.4
Miami-Fort Lauderdale-Pompano Beach, FL	5,007,564	5,564,635	557,071	11.1
Atlanta-Sandy Springs-Marietta, GA	4,247,981	5,268,860	1,020,879	24.0
Boston-Cambridge-Quincy, MA-NH	4,391,344	4,552,402	161,058	3.7
FASTEST-GROWING				
Palm Coast, FL	49,832	95,696	45,864	92.0
St. George, UT	90,354	138,115	47,761	52.9
Las Vegas-Paradise, NV	1,375,765	1,951,269	575,504	41.8
Raleigh-Cary, NC	797,071	1,130,490	333,419	41.8
Cape Coral-Fort Myers, FL	440,888	618,754	177,866	40.3
Provo-Orem, UT	376,774	526,810	150,036	39.8
Greeley, CO	180,926	252,825	71,899	39.7
Austin-Round Rock-San Marcos, TX	1,249,763	1,716,289	466,526	37.3
Myrtle Beach-North Myrtle Beach-Conway, SC	196,629	269,291	72,662	37.0
Bend, OR	115,367	157,733	42,366	36.7

Note: The full names of the metropolitan statistical areas are shown in this table; abbreviated versions of the names are shown in the text.

Source: U.S. Census Bureau, 2010 Census and Census 2000.

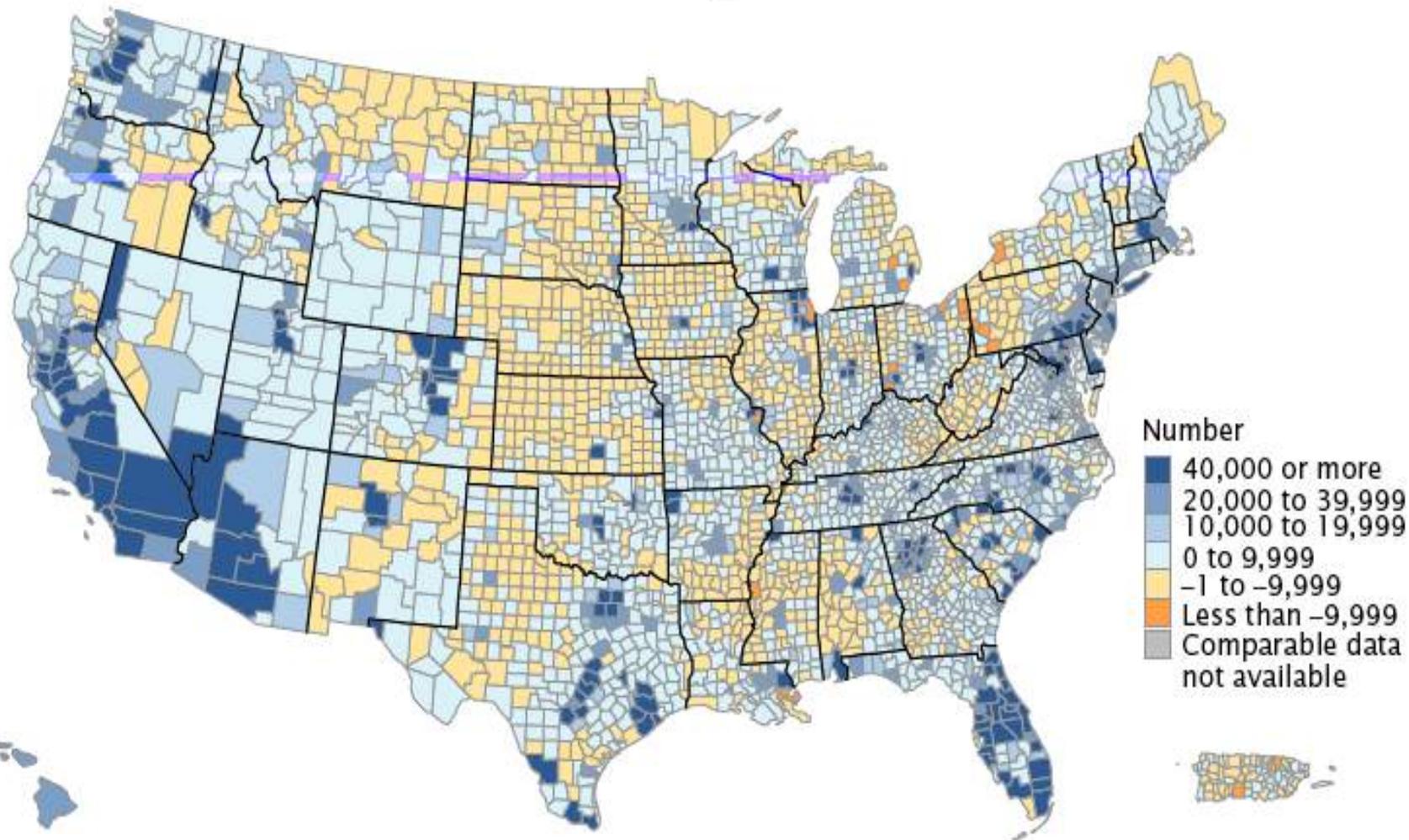
Figure 5.

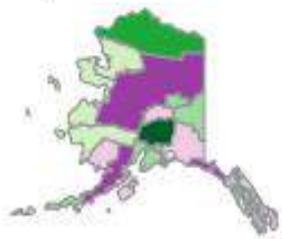
Change in Population by County: 2000 to 2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pl94-171.pdf)

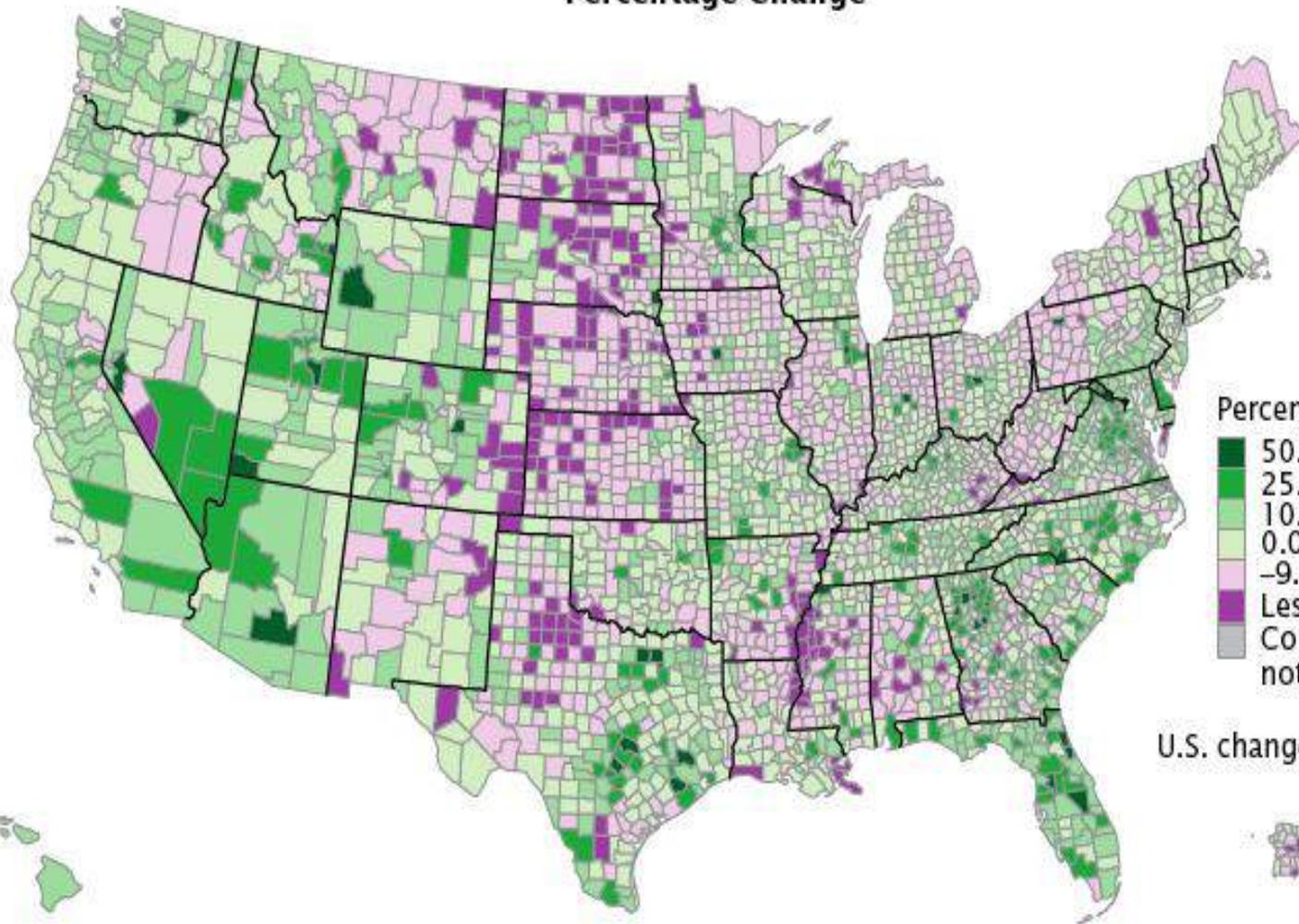


Numeric Change





Percentage Change



Percentage

- 50.0 or more
- 25.0 to 49.9
- 10.0 to 24.9
- 0.0 to 9.9
- 9.9 to -0.0
- Less than -9.9
- Comparable data not available

U.S. change: 9.7 percent

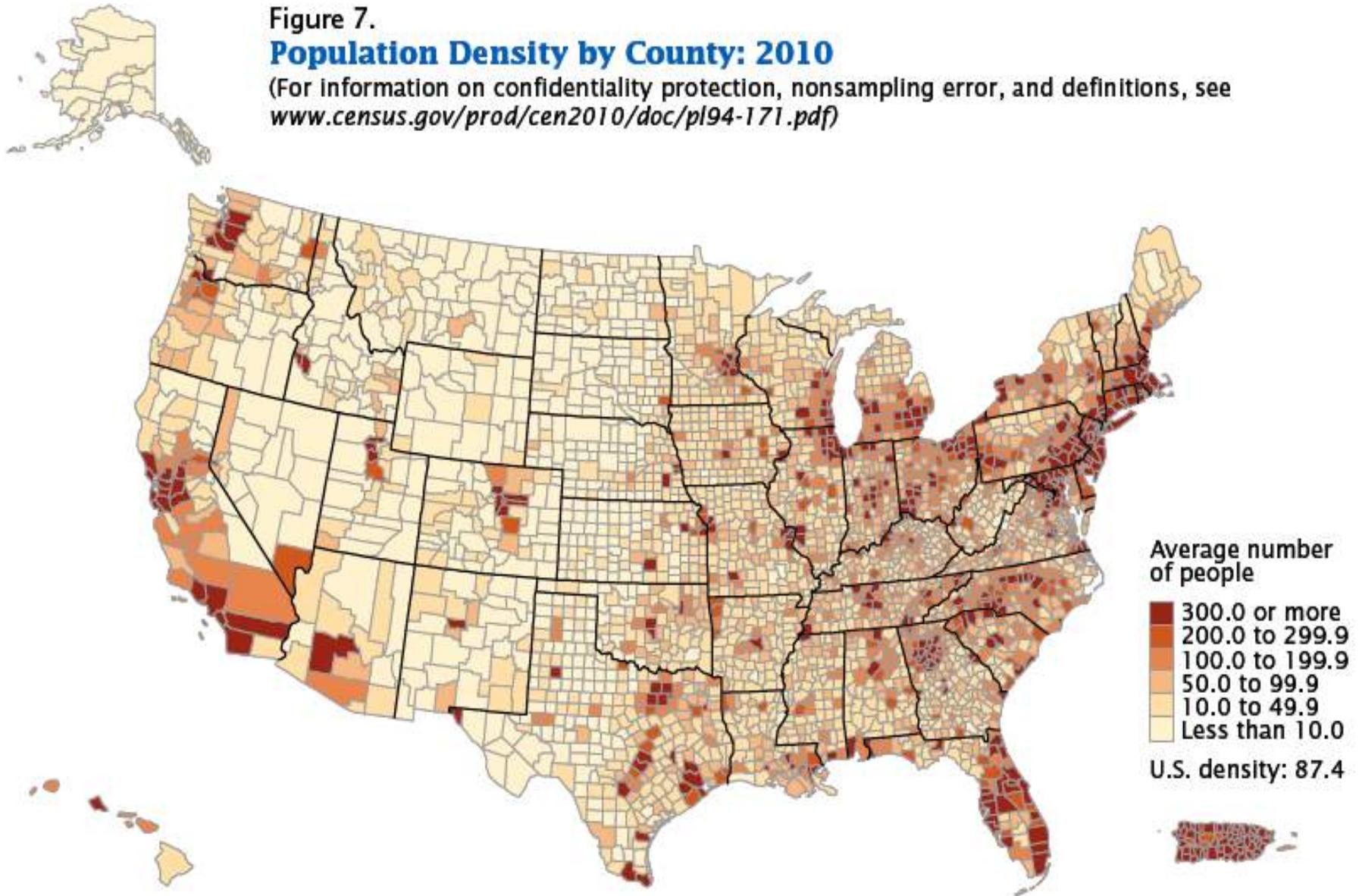


Source: U.S. Census Bureau, 2010 Census and Census 2000.

Figure 7.

Population Density by County: 2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pl94-171.pdf)



Note: Population density expressed as average number of people per square mile of land area.
Source: U.S. Census Bureau, 2010 Census.

Number of People, 2000 Hispanic or Latino Origin All Races

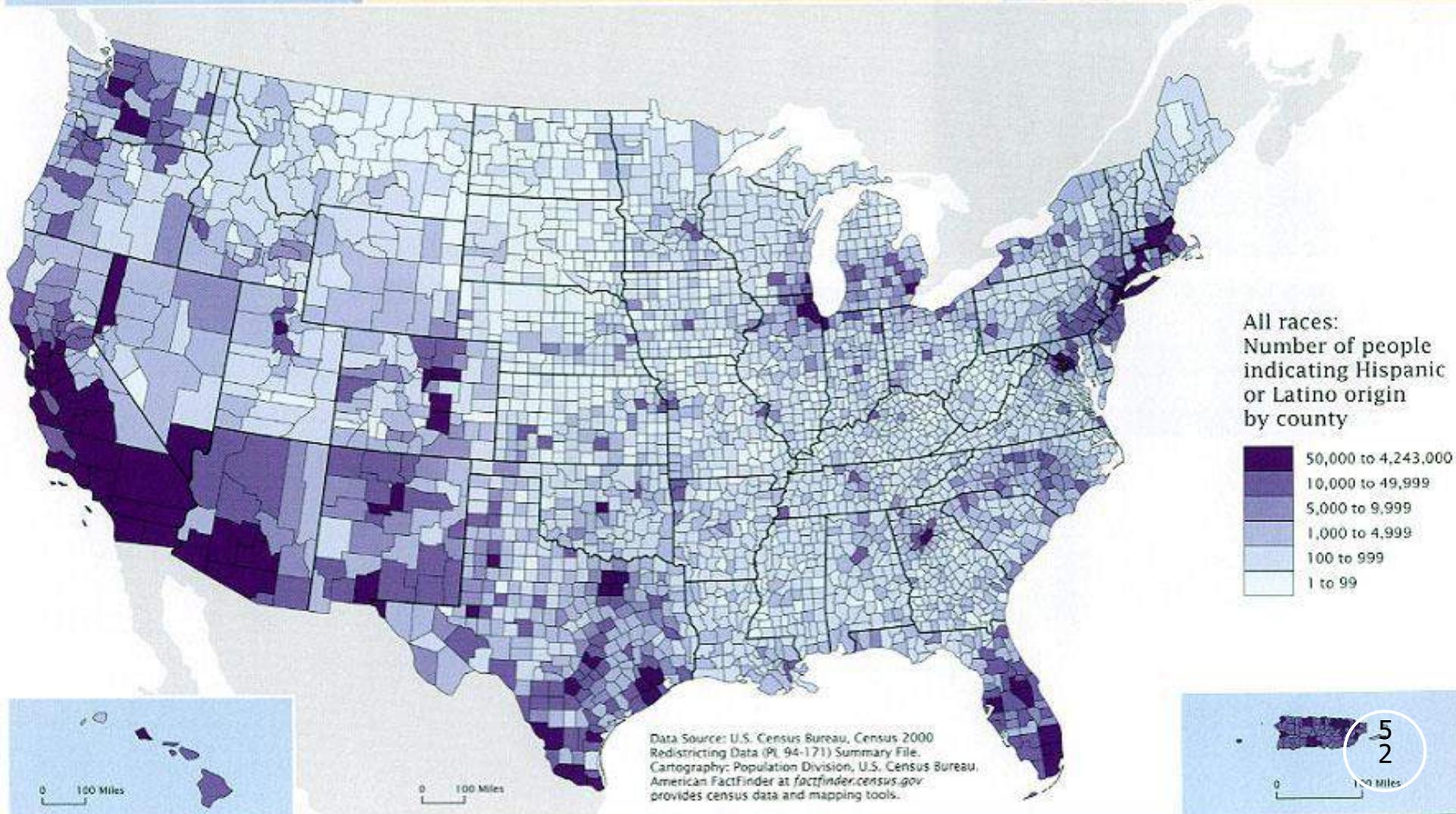
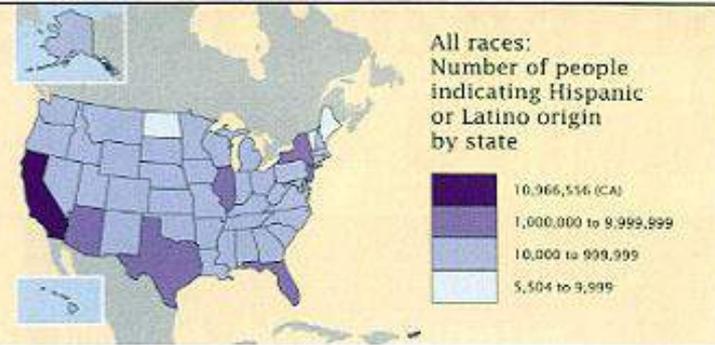
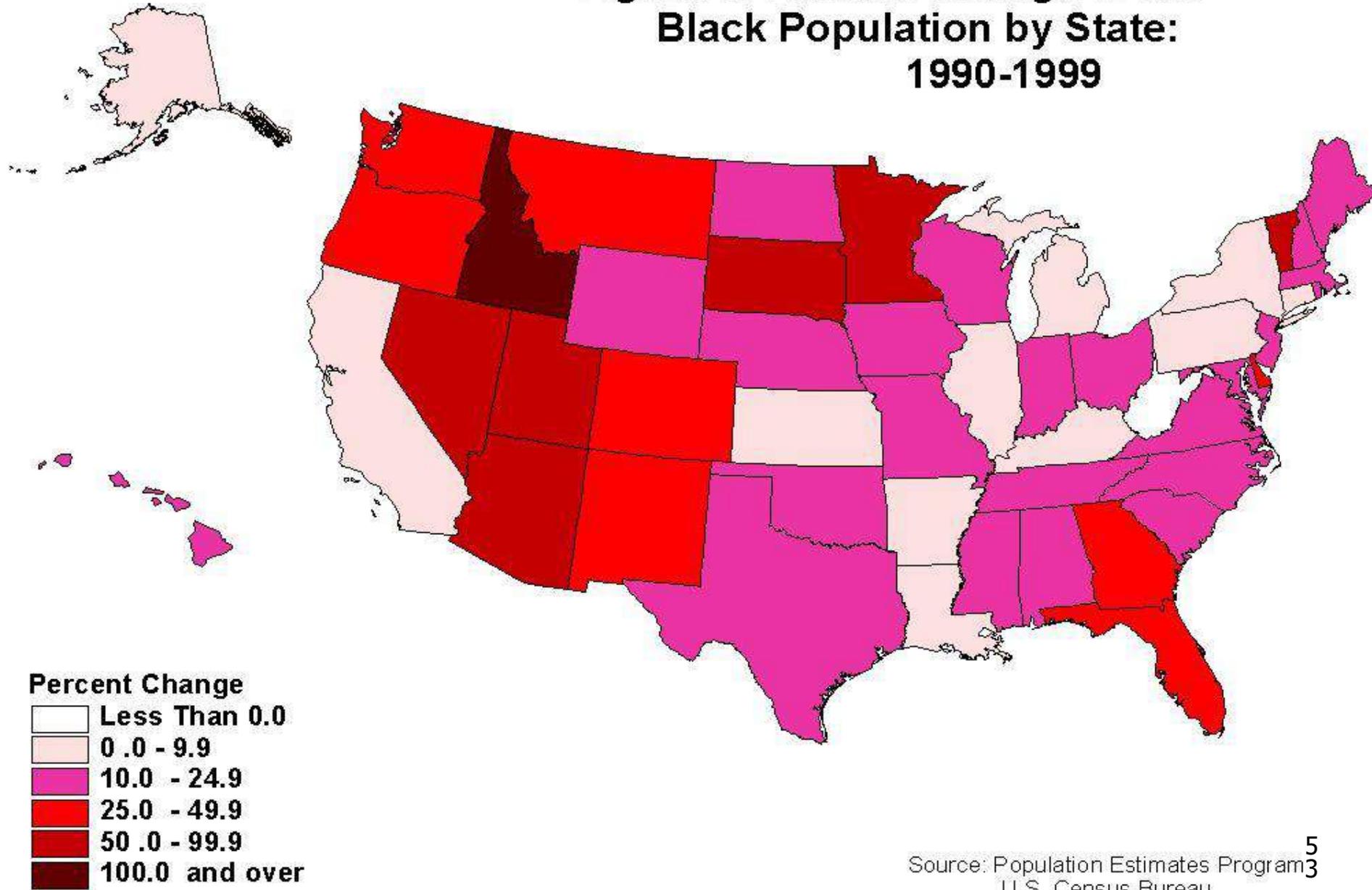


Figure 5. Percent Change in the Black Population by State: 1990-1999



Source: Population Estimates Program 5
U.S. Census Bureau 3

Figure 6. Percent Change in the Asian and Pacific Islander Population by State: 1990-1999

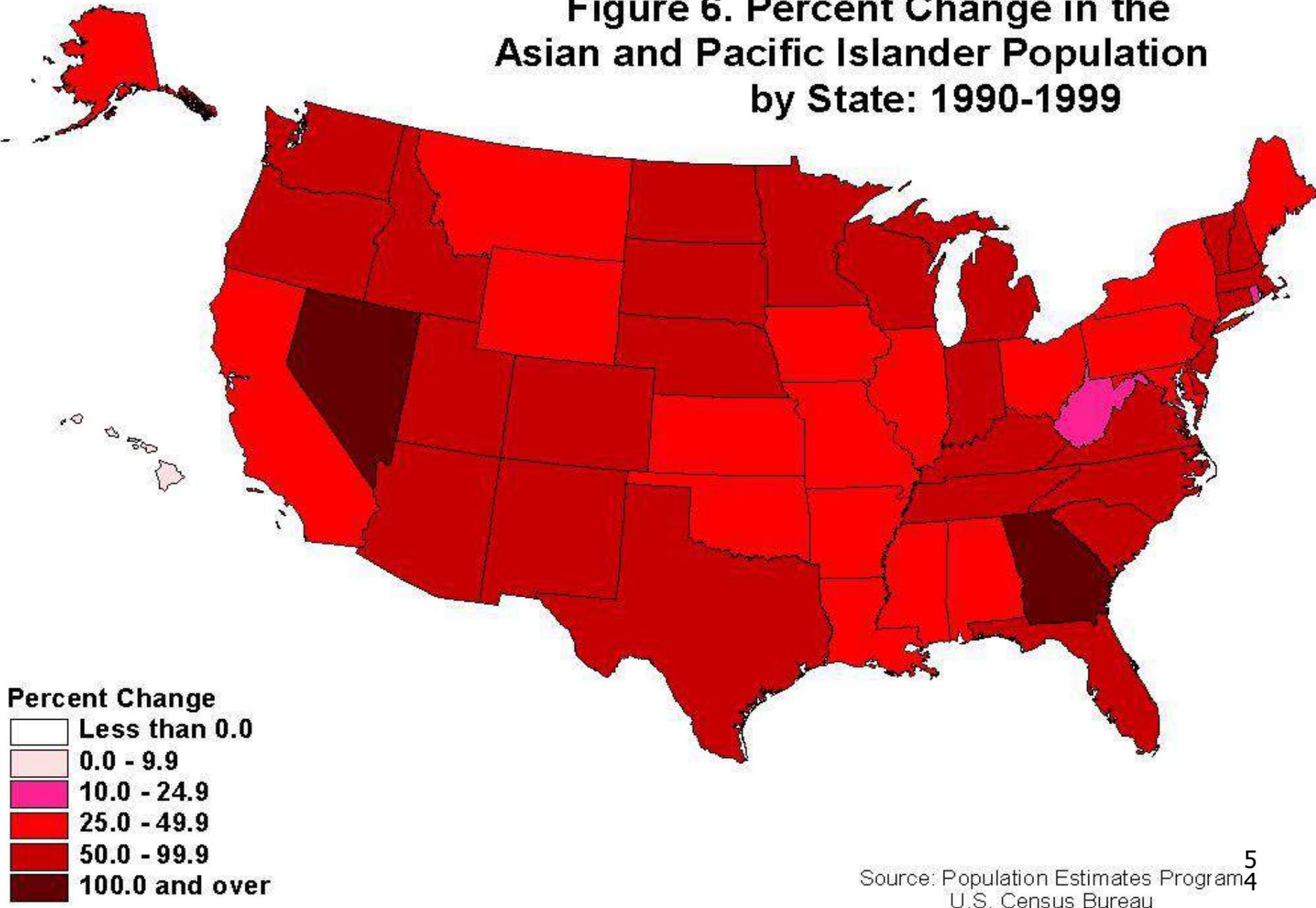


Figure 7. Percent Change in the American Indian and Alaska Native Population by State: 1990-1999

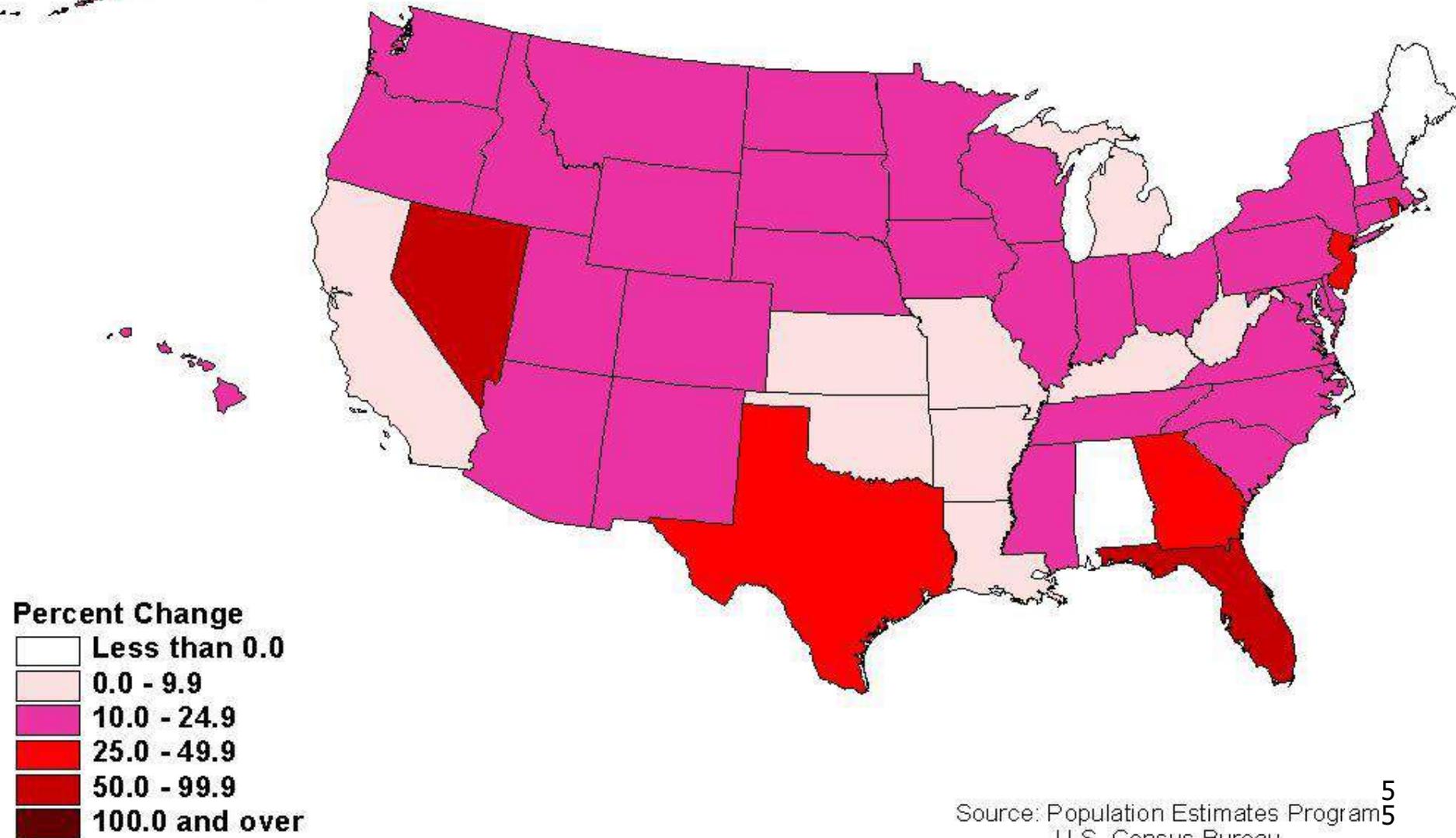


Figure 8. Percent Change in the Hispanic Population by State: 1990-1999

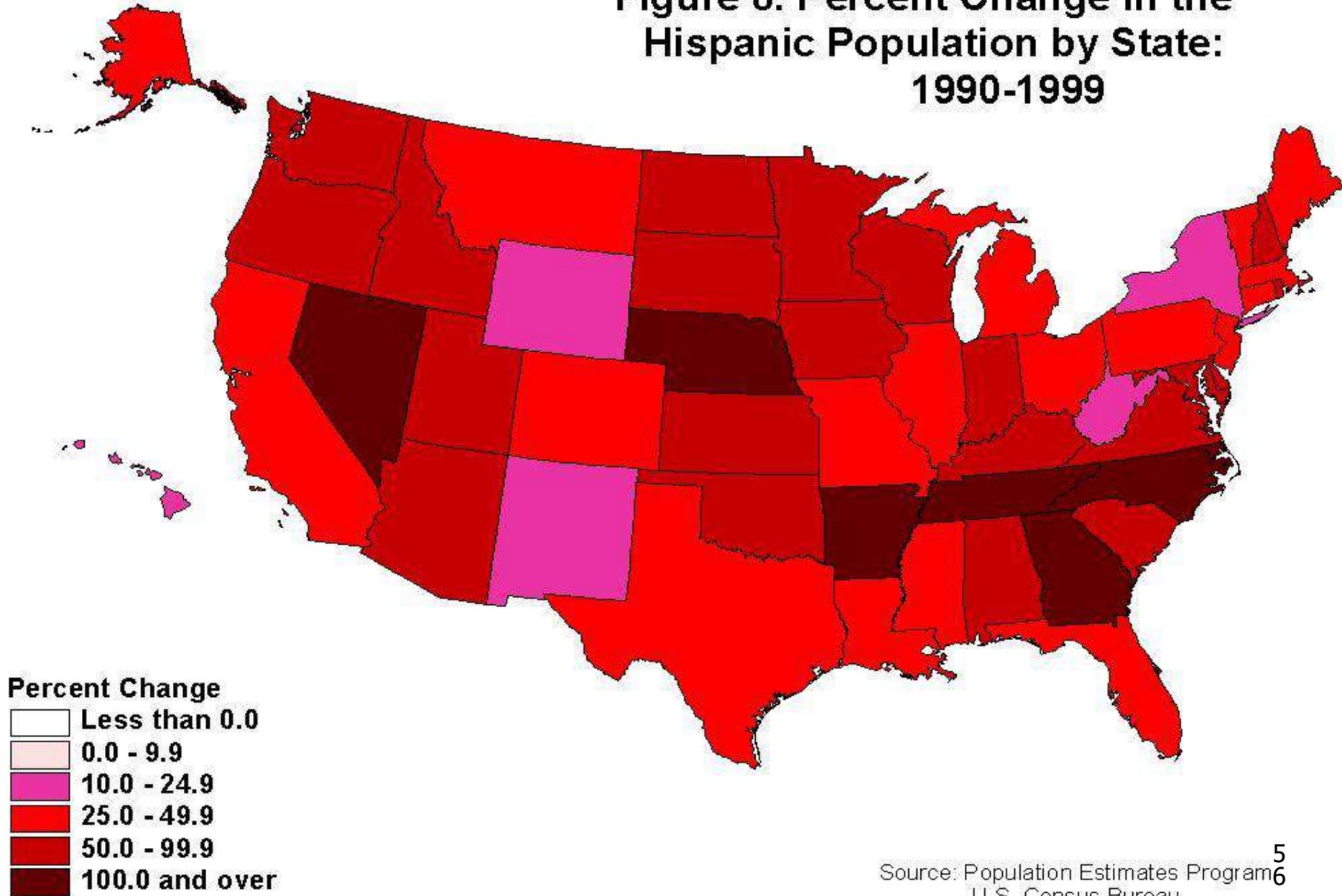
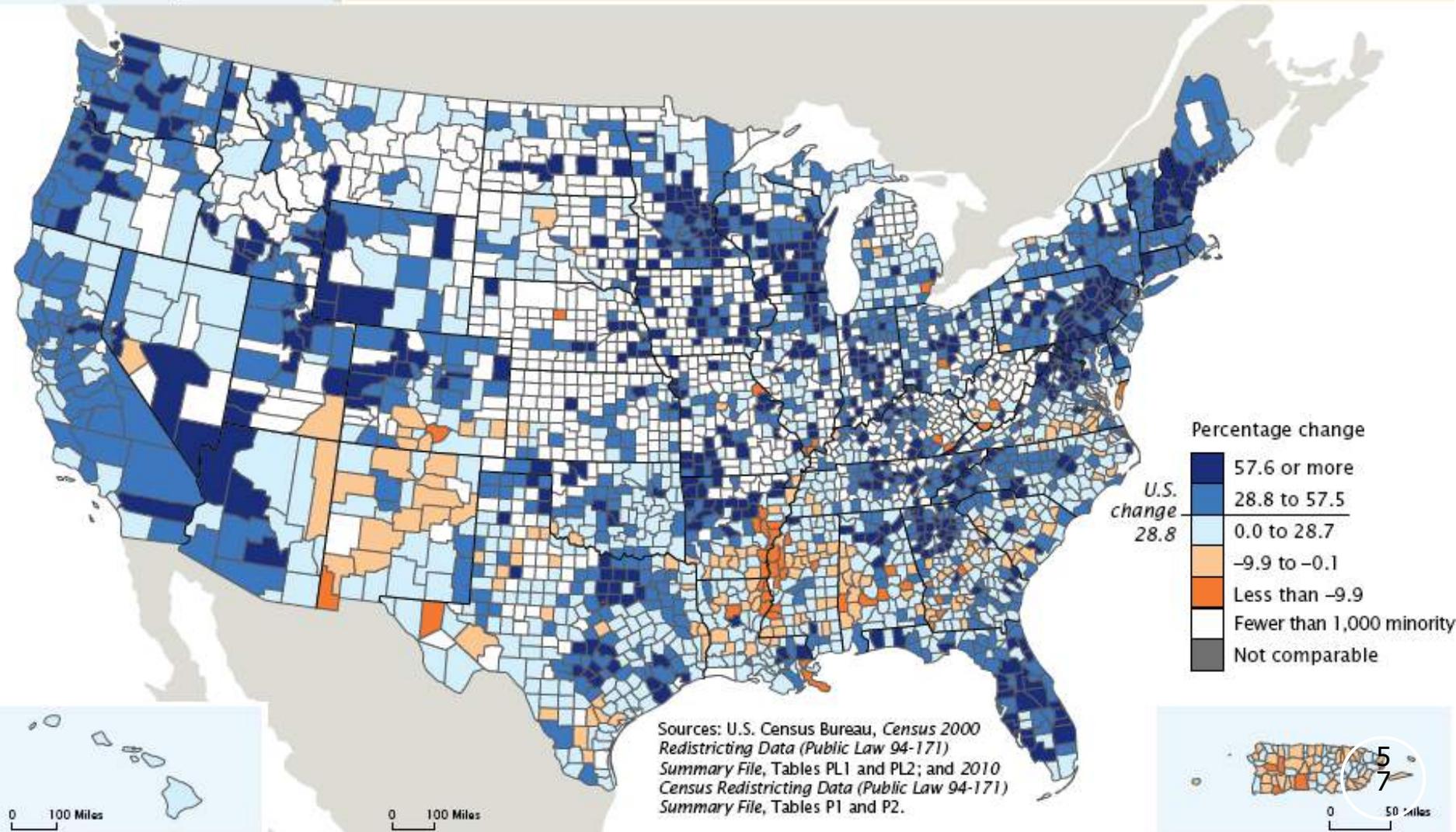


Figure 5.

Percentage Change in Minority Population by County: 2000 to 2010

(Counties with a minority population of at least 1,000 are included in the map.)

Minority refers to people who reported their ethnicity and race as something other than non-Hispanic White alone in the decennial census. For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pl94-171.pdf)



Bay Area is fastest-growing region in California

Rankings of counties and cities from the latest population report released by the state:



Fastest-growing counties

Jan. 1, 2012-Jan. 1, 2013

Rank and county	Pop.	Change
1. Santa Clara	1,842,254	1.6%
2. Alameda	1,548,681	1.2%
3. San Francisco	825,111	1.1%
4. San Mateo	735,678	1.1%
5. Yuba	73,439	1.1%
6. Fresno	943,493	0.9%
7. Kern	857,882	0.9%
8. Merced	262,478	0.9%
9. Riverside	2,255,059	0.9%
10. Sacramento	1,445,806	0.9%

Fastest-growing cities

Jan. 1, 2012-Jan. 1, 2013

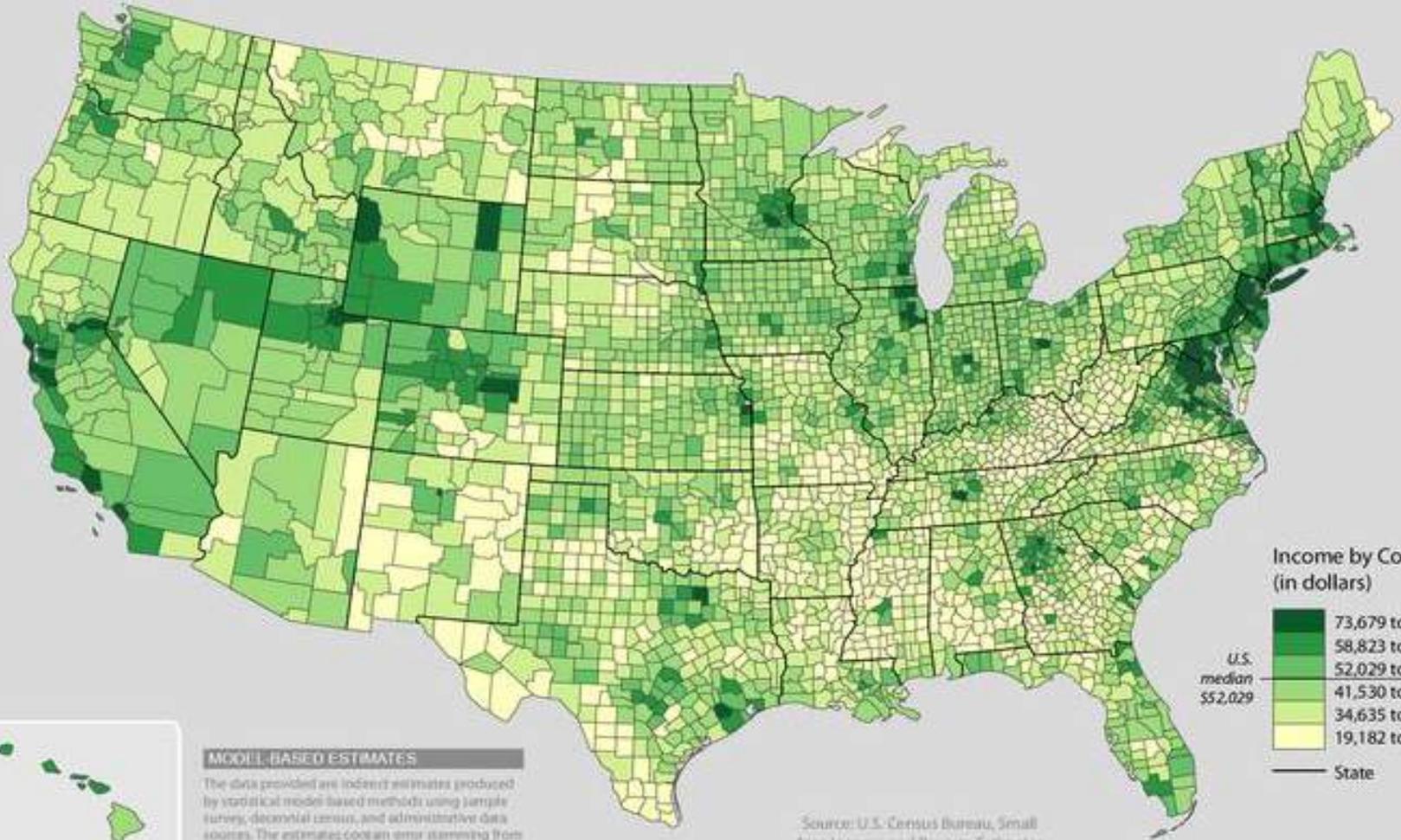
Rank and city	Pop.	Change
1. Santa Clarita	204,951	15.4%
2. Dublin	49,890	6.8%
3. Lake Elsinore	55,430	4.2%
4. Imperial	16,148	4.1%
5. Indio	81,393	4.0%
6. Woodlake	7,665	3.7%
7. Irvine	231,117	3.2%
8. Oroville	15,979	3.1%
9. Los Altos Hills	8,264	3.1%
10. Gilroy	51,544	2.9%

Largest cities

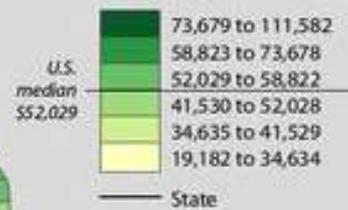
As of Jan. 1, 2013

Rank and city	Pop.	Change
1. Los Angeles	3,863,839	1.0%
2. San Diego	1,326,238	0.8%
3. San Jose	984,299	1.5%
4. San Francisco	825,111	1.1%
5. Fresno	508,453	0.9%
6. Sacramento	473,509	0.7%
7. Long Beach	467,646	0.6%
8. Oakland	399,326	1.1%
9. Bakersfield	359,221	1.3%
10. Anaheim	346,161	0.6%

MEDIAN HOUSEHOLD INCOME, 2008



Income by County
(in dollars)



MODEL-BASED ESTIMATES

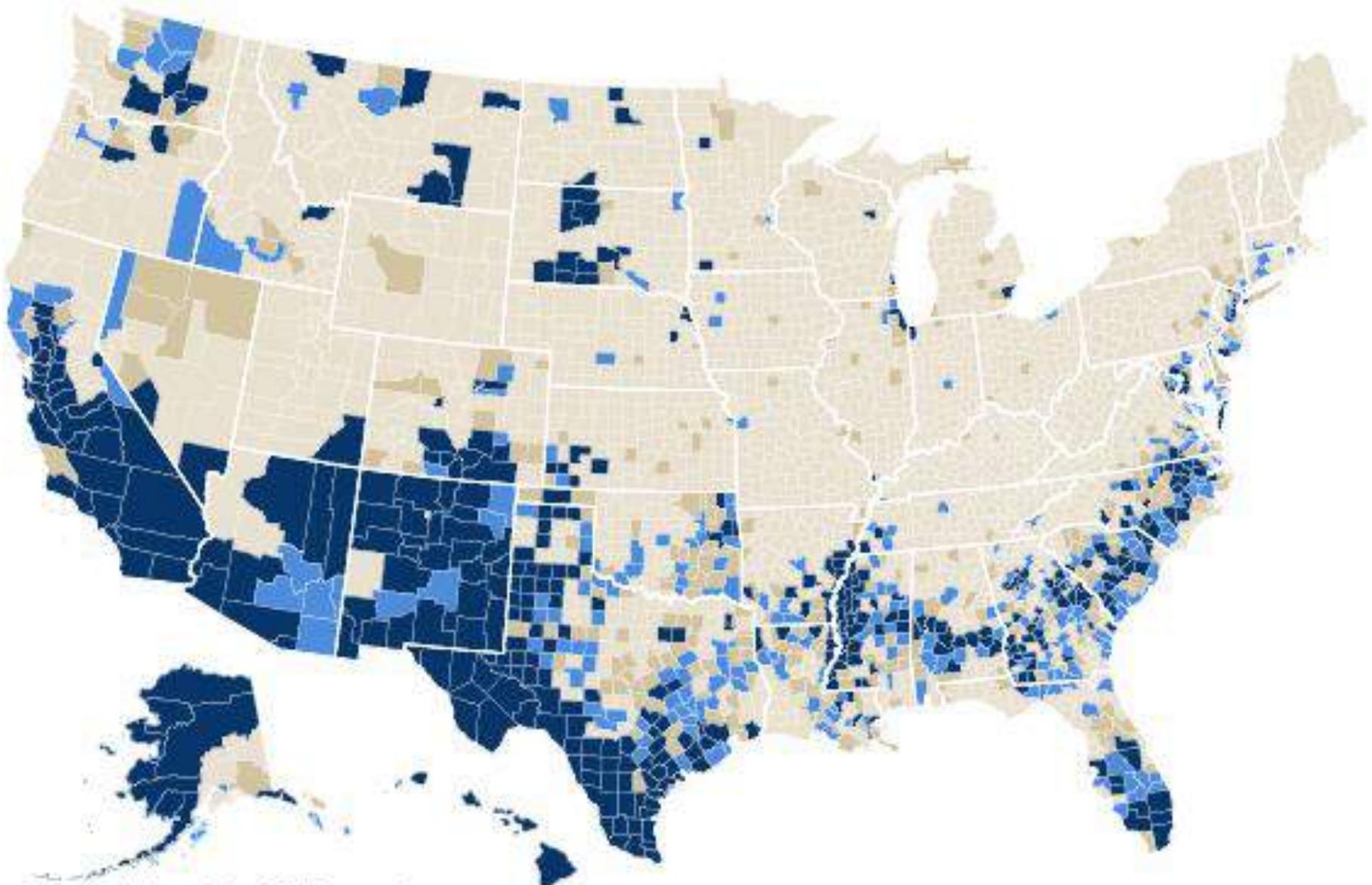
The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain error stemming from model error, sampling error, and nonresponse error.

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, Nov. 2009



Percentage of Infants Under Age 1 Who Are Non-White

60.0% and above 50.0 to 59.9% 40.0 to 49.9% Less than 40.0%



Source: Author's analysis of 2010 census data

METROPOLITAN AREAS WITH THE LARGEST NUMBERS OF IMMIGRANTS

All metropolitan areas:

1. **New York, NY**
2. **Los Angeles-Long Beach, CA**
3. **Miami, FL**
4. **Chicago, IL**
5. **Washington, DC-MD-VA**
6. **Orange County, CA**
7. **Houston, TX**
8. **San Jose, CA**
9. **Boston-Lawrence-Lowell-Brockton, MA**
10. **Oakland, CA**

Source: www.ins.gov

LEADING 10 PRIMARY DESTINATION STATES FOR IMMIGRANTS: 2000

- 1. California**
- 2. New York**
- 3. Florida**
- 4. Texas**
- 5. New Jersey**
- 6. Illinois**
- 7. Massachusetts**
- 8. Virginia**
- 9. Washington**
- 10. Pennsylvania**

Source: www.ins.gov

LEADING 10 COUNTRIES OF ORIGIN FOR LEGAL IMMIGRANTS BETWEEN 1990 AND 2000

- 1. Mexico**
- 2. People's Republic of China**
- 3. Philippines**
- 4. India**
- 5. Vietnam**
- 6. Nicaragua**
- 7. El Salvador**
- 8. Haiti**
- 9. Cuba**
- 10. Dominican Republic**

Source: www.ins.gov

CONCEPTS OF HEALTH AND ILLNESS

CONCEPTS OF HEALTH

**World Health Organization's (WHO)
definition of health:**

**“state of complete physical, mental, and
social well being and not merely the
absence of disease”**

CONCEPTS OF HEALTH

Moving from the WHO's definition and into the realm of health care consumer, when asked what health means to us...

- **Our initial responses could be:**
- **Feeling of well-being, no illness**
- **Homeostasis**
- **Complete physical, mental and social well-being**

CONCEPTS OF HEALTH

Our Secondary response could be:

- **Frame of mind**
- **Subjective state of psychological well-being**
- **Activities of daily living can be performed**

CONCEPTS OF HEALTH

And moving into more tangible meanings:

- **Shiny hair**
- **Warm, smooth, glossy skin**
- **Clear eyes**
- **Shiny teeth**
- **Being alert**
- **Being happy**
- **Freedom from pain**
- **Harmony between body and mind**

CONCEPTS OF ILLNESS

ill·ness *n.*

- 1. a. Poor health resulting from disease of body or mind; sickness. b. A disease.**
- 2. *Obsolete* Evil; wickedness.**

The American Heritage® Dictionary of the English Language, Fourth Edition

CONCEPTS OF ILLNESS

A more modern definition of illness:

“a highly personal state in which the person feels unhealthy or ill, may or may not be related to disease”

Kozier, B. et al. (2001). *Fundamentals of nursing concepts, process, and practice*.
Upper Saddle River, NJ: Prentice Hall Health.

CONCEPTS OF ILLNESS

The late Dr. Edward A. Suchman (1965) describes illness in 5 stages:

- The Symptom Experience stage (person is aware that something is wrong)
- The Assumption of Sick Role stage (person seeks help and shares the problem with family, friends)
- The Medical (Health) Care Contact stage (person seeks out the “scientific” rather than the “lay” diagnosis)
- The Dependent-Patient Role stage (person assumes *patient* role and is now under the control of health care provider; is expected to comply with prescribed treatments)
- The Recovery or Rehab stage (patient role is removed and person returns to resume former roles)

HEALTH TRADITIONS MODEL

The Health Tradition Model uses the concept of holistic health and explores what people do from a traditional perspective to *maintain* health, *protect* health or *prevent* illness and *restore* health.

Aspects of health: physical, mental and spiritual

HEALTH TRADITIONS MODEL: PERSONAL METHODS

	PHYSICAL	MENTAL	SPIRITUAL
MAINTAIN HEALTH	<ul style="list-style-type: none"> • Proper clothing • Proper diet • Exercise/Rest 	<ul style="list-style-type: none"> • Concentration • Social and Family support systems • Hobbies 	<ul style="list-style-type: none"> • Religious worship • Prayer • Meditation
PROTECT HEALTH	<ul style="list-style-type: none"> • Special foods • Symbolic clothing 	<ul style="list-style-type: none"> • Avoid certain people • Family activities 	<ul style="list-style-type: none"> • Religious customs • Superstitions • Wearing symbolic objects to prevent from the “evil eye”
RESTORE HEALTH	<ul style="list-style-type: none"> • Homeopathic • Chiropractic • Herbal teas • Massage 	<ul style="list-style-type: none"> • Relaxation • Exorcism • Curanderos and other traditional healers 	<ul style="list-style-type: none"> • Religious rituals • Meditation • Traditional healings • Exorcism

HEALTH TRADITIONS MODEL: COMMUNAL METHODS

	PHYSICAL	MENTAL	SPIRITUAL
MAINTAIN HEALTH	<ul style="list-style-type: none"> • Availability of proper shelter, food • Safe air, water, soil 	<ul style="list-style-type: none"> • Availability of traditional sources of entertainment, concentration 	<ul style="list-style-type: none"> • Availability of rules of ritual and religious worship • Meditation
PROTECT HEALTH	<ul style="list-style-type: none"> • Knowledge of necessary proper foods, wearing symbolic clothing • Avoidance of excess heat or cold 	<ul style="list-style-type: none"> • Knowledge of what people and situations to avoid, family activities 	<ul style="list-style-type: none"> • The teaching of religious customs, superstitions, wearing symbolic objects
RESTORE HEALTH	<ul style="list-style-type: none"> • Resources that provide Chiropractic and homeopathic care, massage 	<ul style="list-style-type: none"> • Traditional healers with knowledge to use relaxation, storytelling 	<ul style="list-style-type: none"> • The availability of healers who use magical and supernatural ways to restore health

Worldly Practices to Ward Off the “Evil Eye”

Origin	Practices
Scotland	<ul style="list-style-type: none">• Red thread knotted in clothing• Fragment of Bible worn on body
South Asia	<ul style="list-style-type: none">• Knotted hair or fragment of Koran worn on body
Eastern European Jews	<ul style="list-style-type: none">• Red ribbon woven into clothes or attached to cribs
Italians	<ul style="list-style-type: none">• Wearing a red ribbon
Greek	<ul style="list-style-type: none">• Phylact – a baptismal charm placed on baby• Cloves of garlic pinned to shirt
Tunisia	<ul style="list-style-type: none">• Amulets pinned on clothing consisting of tiny figures or writings from Koran• Charms of fish symbols – used to ward off evil
Iran	<ul style="list-style-type: none">• Child covered with amulets – agate, blue beads• Children often may be left filthy and never washed to protect them from the evil eye
India/Pakistan Hindus and Muslims	<ul style="list-style-type: none">• Copper plates with magic drawings rolled in them• Slips of paper with verses from the Koran• Black or red string around the baby’s wrist
Guatemala	<ul style="list-style-type: none">• Small red bag containing herbs placed on baby or crib
Mexico	<ul style="list-style-type: none">• Amulet or seed wrapped with red yarn
Philippines	<ul style="list-style-type: none">• Wearing of charms, amulets, medals
Puerto Rico	<ul style="list-style-type: none">• Mano Negro – placed on babies to ward off evil eye



“Mano Negro”

CULTURAL DIVERSITY IN HEALTH AND ILLNESS PART II

KIM B. KHAUV, DC MPH

OVERVIEW: PART II

- **Healing Traditions**
- **Delivery of Health Care in the United States**
- **Health and Illness in the American Indian and Alaska Native Population**
- **Health and Illness in the Asian Population**
- **Health and Illness in the Black Population**
- **Health and Illness in the Latin/Hispanic Population**
- **Health and Illness in the White Population**

HEALING TRADITIONS

RELIGION AND HEALING

- **Religion plays a vital role in one's perception of health and illness.**
- **Religion strongly affects the way people interpret and respond to the signs and symptoms and illness.**

THE ROMAN CATHOLIC PRAY TO DIFFERENT SAINTS FOR DIFFERENT AILMENTS:

St. Blaise – sore throat

St. Anthony of Padua – barrenness

St. Odilia – blindness

St. Peregrine – cancer

St. Joseph – dying

St. Vitus – epilepsy

St. Raymond Nonnatus – Pregnancy

St. Lucy – eye disease

St. Teresa of Avila – headache

St. John of God – heart disease

St. Dymphna – mental illness

Baha'i

Abortion	Forbidden
Artificial insemination	No specific rule
Autopsy	Acceptable with medical or legal need
Birth control	Can choose family planning method
Blood and blood products	No restrictions for use
Diet	Alcohol and drugs forbidden
Euthanasia	No destruction of life
Healing beliefs	Harmony between religion and science
Healing practices	Pray
Medications	Narcotics with prescription No restrictions for vaccines
Organ donations	Permitted
Right-to-die issues	Life is unique and precious – do not destroy
Surgical procedures	No restrictions
Visitors	Community members assist and support

BUDDHIST CHURCHES OF AMERICA

Abortion	Patient's condition determines
Artificial insemination	Acceptance
Autopsy	Matter of individual practice
Birth control	Acceptable
Blood and blood products	No restrictions for use
Diet	Restricted food combinations Extremes must be avoided
Euthanasia	May permit
Healing beliefs	Do not believe in healing through faith
Healing practices	No restrictions
Medications	No restrictions
Organ donations	Considered act of mercy, if hope for recovery, all means may be taken
Right-to-die issues	With hope, all means encourages
Surgical procedures	Permitted, with extremes avoided
Visitors	Family, community

ROMAN CATHOLICS

Abortion	Prohibited
Artificial insemination	Illicit, even between husband and wife
Autopsy	Permissible
Birth control	Natural means only
Blood and blood products	Permissible
Diet	Use foods in moderation
Euthanasia	Direct life-ending procedures forbidden
Healing beliefs	Many with religious belief system
Healing practices	Sacrament of sick, candles, laying on of hands
Medications	May be taken if benefits outweigh risks
Organ donations	Justifiable
Right-to-die issues	Obligated to take ordinary, not extraordinary, means to prolong life
Surgical procedures	Most are permissible except abortion and sterilization
Visitors	Family, friends, priest, Many outreach programs through Church to reach sick

CHRISTIAN SCIENCE

Abortion	Incompatible with faith
Artificial insemination	Unusual
Autopsy	Not usual; individual or family decide
Birth control	Individual judgment
Blood and blood products	Ordinarily not used by members
Diet	No restrictions Abstain from alcohol and tobacco, some from tea and coffee
Euthanasia	Contrary to teachings
Healing beliefs	Accepts physical and moral healing
Healing practices	Full-time healing ministers
Medications	None Immunizations/vaccines to comply with law
Organ donations	Individual decides
Right-to-die issues	
Surgical procedures	Most are permissible except abortion and sterilization
Visitors	Family, friends, priest, Many outreach programs through Church to reach sick

CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS

Abortion	Forbidden
Artificial insemination	Acceptable between husband and wife
Autopsy	Permitted with consent of next of kin
Birth control	Contrary to Mormon belief
Blood and blood products	No restrictions
Diet	Alcohol, tea (except herbal teas), coffee, and tobacco are forbidden Fasting (24 hours without food and drink) is required once a month
Euthanasia	Humans must not interfere in God's plan
Healing beliefs	Power of God can bring healing
Healing practices	Anointing with oil, sealing, prayer, laying on of hands
Medications	No restrictions; may use herbal folk remedies
Organ donations	Permitted
Right-to-die issues	If death inevitable, promote a peaceful and dignified death
Surgical procedures	Matter of individual choice
Visitors	Church members (Elder and Sister), family, and friends The Relief Society helps members

HINDUISM

Abortion	No policy exists
Artificial insemination	No restrictions exist but not often practiced
Autopsy	Acceptable
Birth control	All types acceptable
Blood and blood products	Acceptable
Diet	Eating of meat is forbidden
Euthanasia	Not practiced
Healing beliefs	Some believe in faith healing
Healing practices	Traditional faith healing system
Medications	Acceptable
Organ donations	Acceptable
Right-to-die issues	No restrictions Death seen as “one more step to nirvana”
Surgical procedures	With an amputation, the loss of limb is seen as due to “sins of previous life”
Visitors	Members of family, community, and priest support

ISLAM

Abortion	Not accepted
Artificial insemination	Permitted between husband and wife
Autopsy	Permitted for medical and legal purposes
Birth control	Acceptable
Blood and blood products	No restrictions
Diet	Pork and alcohol prohibited
Euthanasia	Not acceptable
Healing beliefs	Faith healing generally not acceptable
Healing practices	Some use of herbal remedies and faith healing
Medications	No restrictions
Organ donations	Acceptable
Right-to-die issues	Attempts to shorten life prohibited
Surgical procedures	Most permitted
Visitors	Family and friends provide support

Jehovah's Witnesses

Abortion	Forbidden
Artificial insemination	Forbidden
Autopsy	Acceptable if required by law
Birth control	Sterilization forbidden Other methods individual choice
Blood and blood products	Forbidden
Diet	Abstain from tobacco, moderate use of alcohol
Euthanasia	Forbidden
Healing beliefs	Faith healing forbidden
Healing practices	Reading scriptures can comfort the individual and lead to mental and spiritual healing
Medications	Accepted except if derived from blood products
Organ donations	Forbidden
Right-to-die issues	Use of extraordinary means an individual's choice
Surgical procedures	Not opposed, but administration of blood during surgery is strictly prohibited
Visitors	Members of congregation and elders pray for the sick person

JUDAISM

Abortion	Therapeutic permitted; some groups accept abortion on demand
Artificial insemination	Permitted
Autopsy	Permitted under certain circumstances All body parts must be buried together
Birth control	Permissible, except with orthodox Jews
Blood and blood products	Acceptable
Diet	Kosher products; milk and meat not mixed; pork and shellfish forbidden
Euthanasia	Prohibited
Healing beliefs	Medical care expected
Healing practices	Prayers for the sick
Medications	No restrictions
Organ donations	Complex issue; some practiced
Right-to-die issues	Right to die with dignity
Surgical procedures	Most allowed
Visitors	Family, friends, rabbi, many community services

SEVENTH-DAY ADVENTISTS

Abortion	Therapeutic acceptable
Artificial insemination	Acceptable between husband and wife
Autopsy	Acceptable
Birth control	Individual choice
Blood and blood products	No restrictions
Diet	Encourage vegetarian diet
Euthanasia	Not practiced
Healing beliefs	Divine healing
Healing practices	Anointing with oil and prayer
Medications	No restrictions
Organ donations	Acceptable
Right-to-die issues	Follow the ethic of prolonging life
Surgical procedures	No restrictions Oppose use of hypnotism
Visitors	Pastor and elders pray and anoint sick person Worldwide health system includes hospitals and clinics

DELIVERY OF HEALTH CARE IN THE UNITED STATES

US HEALTH CARE COSTS

The cost of US health care soared from \$4 billion in 1940 to \$1,210,700,000,000 (\$1.211 trillion) in 1999.

Health has become this country's biggest business, and it accounts for 16% of our gross domestic product in 2004.

GROSS DOMESTIC PRODUCT AND NATIONAL HEALTH EXPENDITURES, SELECTED YEARS, 1960 - 2004

	Gross Domestic Product in Billions of Dollars	National Health Expenditures in Billions of Dollars	Percentage of GDP in Health Expenditures
1960	\$ 527	26.7	5.1
1970	1,040	73.1	7.0
1980	2,796	245.8	8.8
1985	4,213	426.5	10.1
1990	5,803	695.6	12.0
1995	7,400	987.0	13.3
1999	9,299	1,210.7	13.0
2004	11.875 trillion	1.9 trillion	16.0*

Source: Eberhardt, MS, et al (2001). Health, United States, 2001; Hyattsville, MD: National Center for Health Statistics

* [BMJ 2006;332\(7535\):198 \(28 January\). doi:10.1136/bmj.332.7535.198-a](https://doi.org/10.1136/bmj.332.7535.198)

In its 2000 World Health report, the World Health Organization (WHO) has analyzed the health systems of each country and concluded, not unexpectedly, that:

- the performance of the health system impacts critically on the health and wellbeing of people around the world**
- to prevent unnecessary deaths and disability, and to safeguard people's basic rights to health, countries must effectively utilize the resources that are available to them.**

Measuring health system performance

- A new technique used by WHO for measuring 'health system performance' compares the level of resources available to each country with what is believed, by experts, to be achievable. This assessment system is based on five indicators:
- overall level of health within a population
- health inequalities within a population (how much economic status affects health)
- health system responsiveness (patient satisfaction and how well the system acts)
- responsiveness within the population (how well people in various economic groups are served by the system)
- distribution of costs within the population (who pays?).

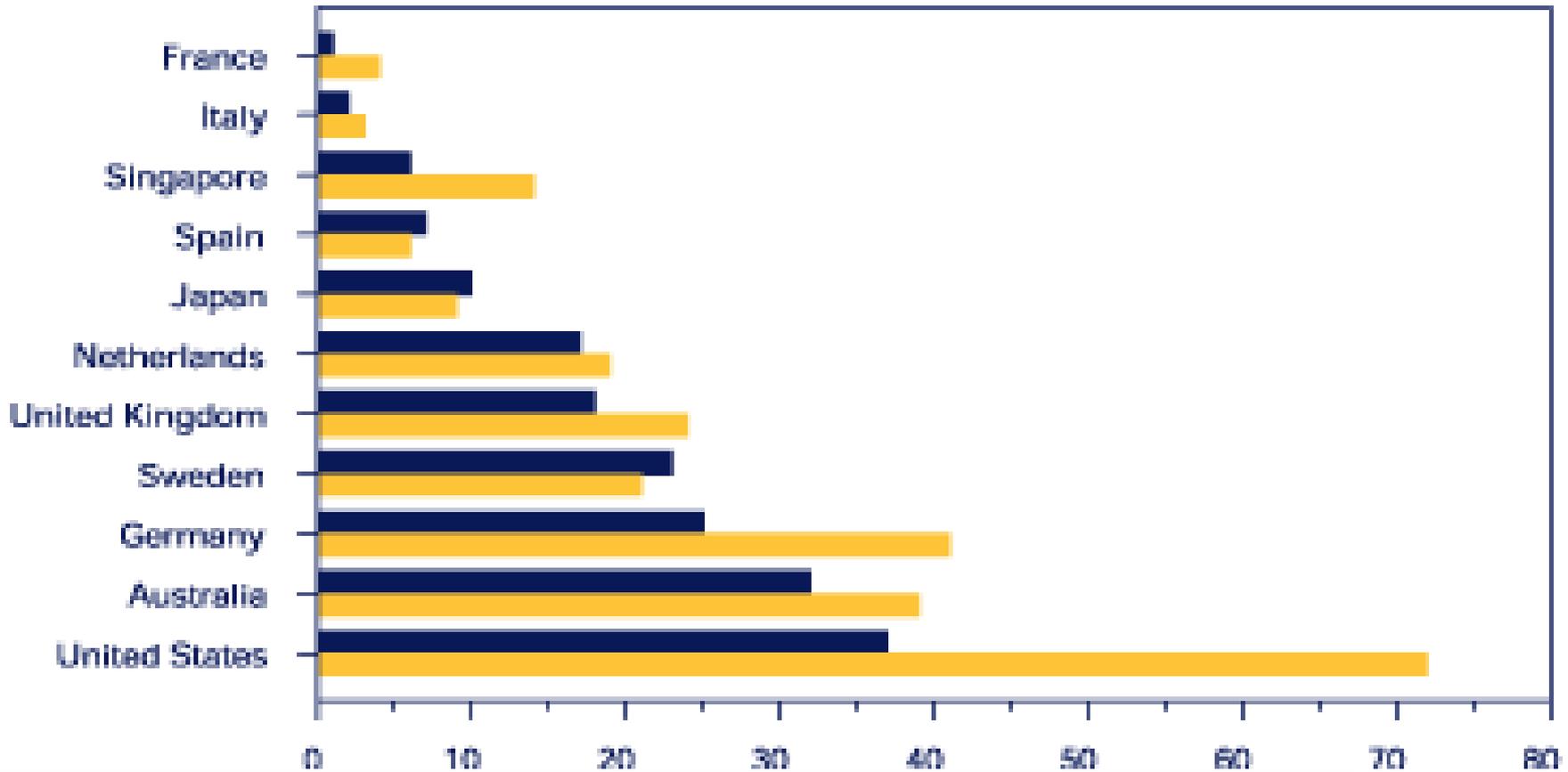
Measuring levels of health

- **To estimate the ‘level of health’ being achieved within countries, the WHO chose to use disability adjusted life expectancy (DALE). DALE summarizes the expected number of years to be lived in what might be termed the equivalent of ‘full health’.**
- **To calculate DALE, the years of ill health are weighted according to severity and subtracted from the expected overall life expectancy to give the equivalent years of healthy life. The benefit of using this method is that it can be readily compared across populations.**

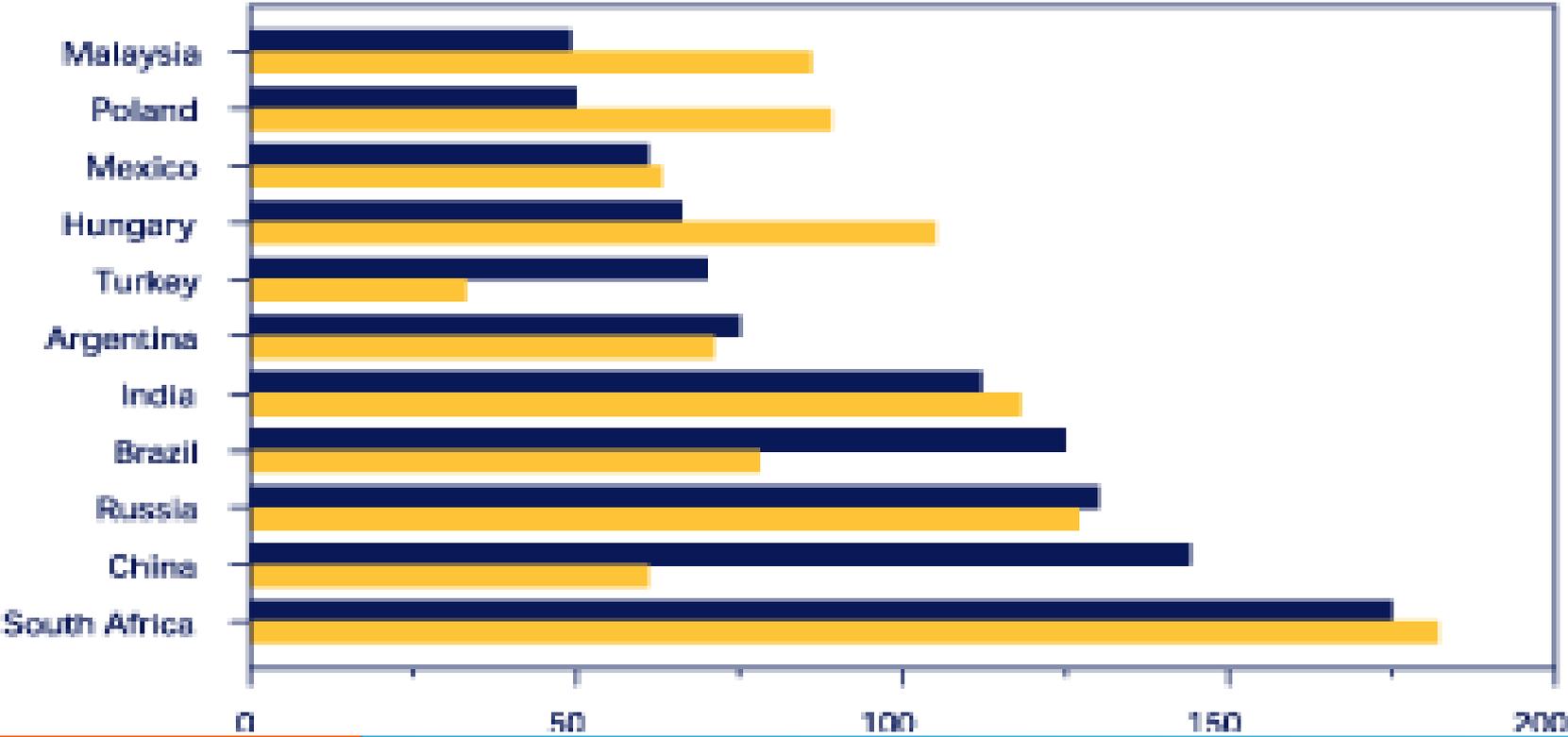
OVERALL 'HEALTH SYSTEM PERFORMANCE' AND 'LEVEL OF HEALTH'

- **France ranks highest for overall health system performance' in the world and Figure 2 below shows there is also a high 'level of health' within this country (second).**
- **However, it does not necessarily follow that good 'health system performance' should mean that a good 'level of health' is also achieved.**

For example, the United States ranks 37th for overall 'health system performance' but only achieves 72nd place for 'level of health'.

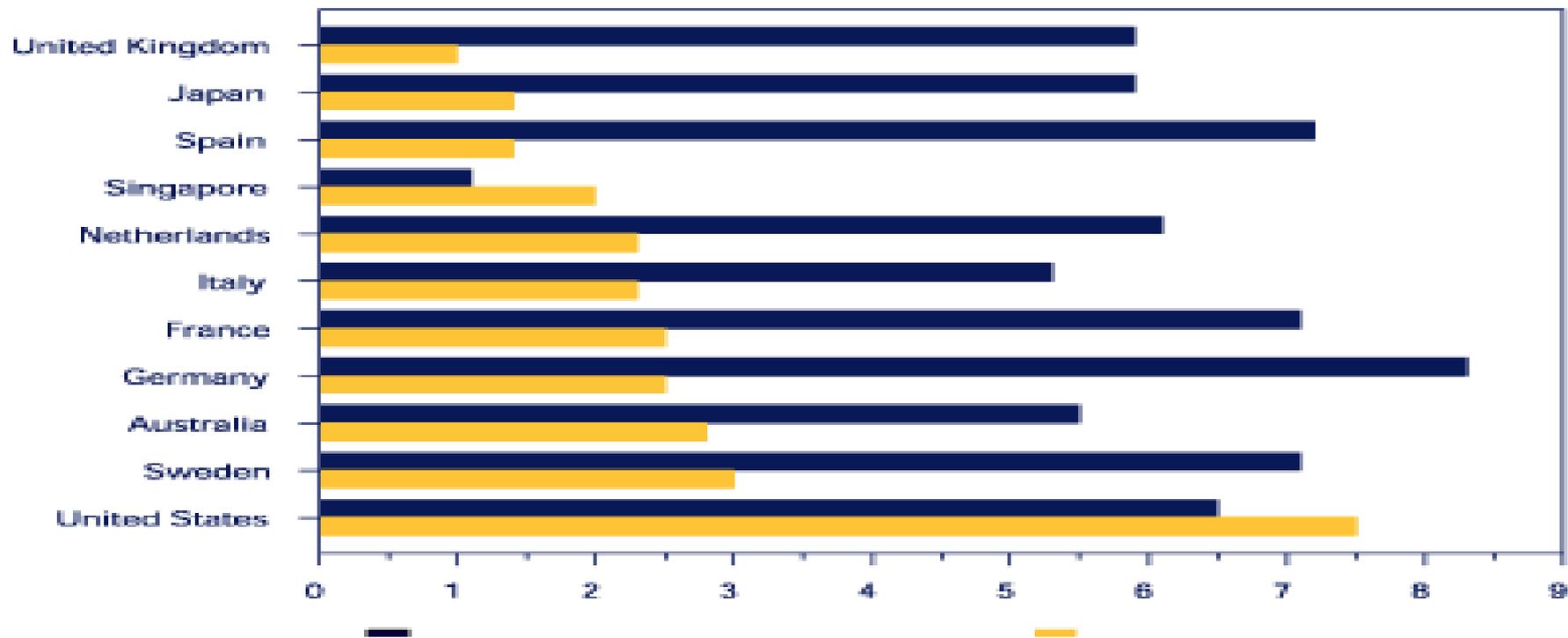


By comparison in some countries where the relative 'health system performance' is poor, the 'level of health' is dramatically better than would be expected. As Figure 3 below shows China, one of the world's less developed countries, ranks 61st for 'level of health' but only 144th for overall 'health system performance'.

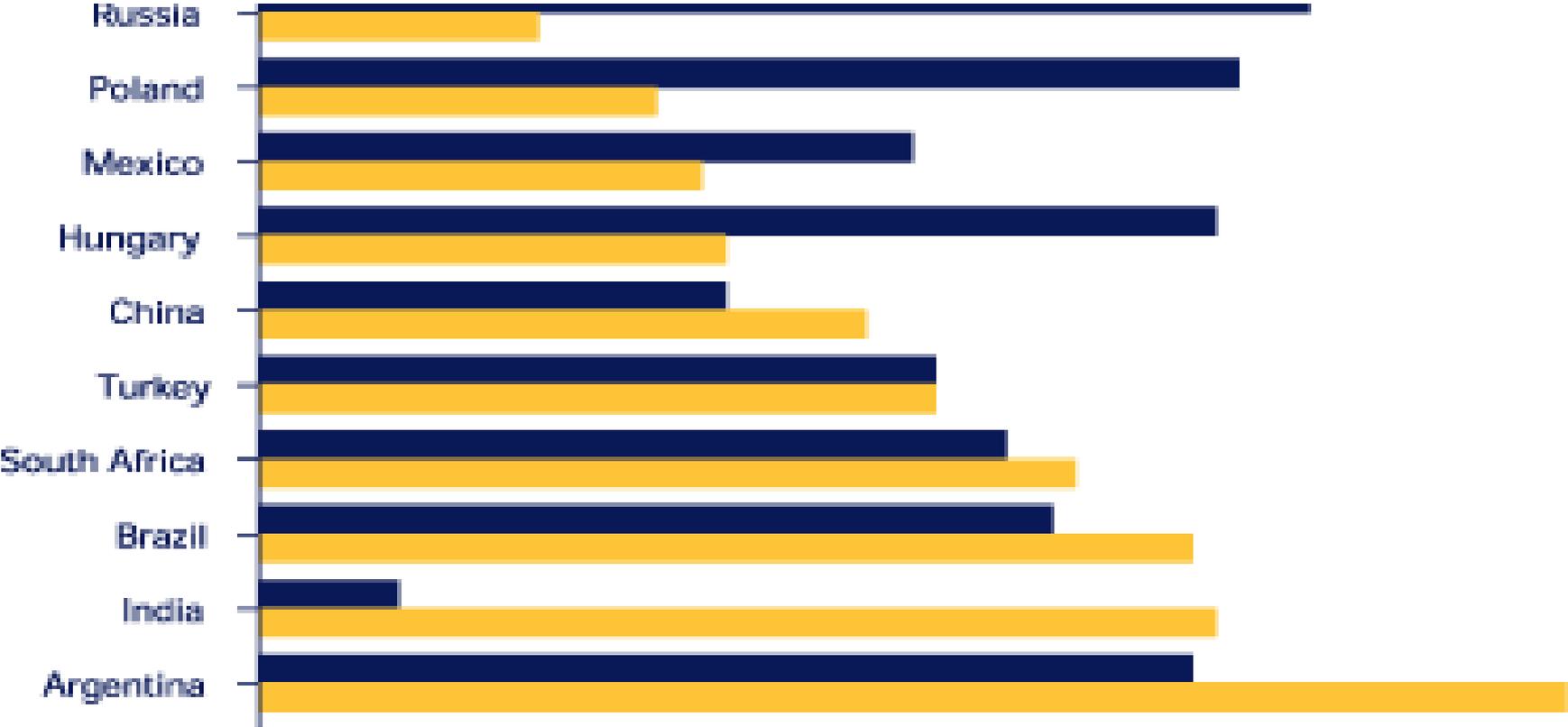


As Figures 4 and 5 below show, financing of the health care system for many countries comes via public money. Obvious exceptions among the more developed countries highlighted in Figure 4 are Singapore and the United States.

Figure 4: Health expenditure as a % of GDP 1992-98

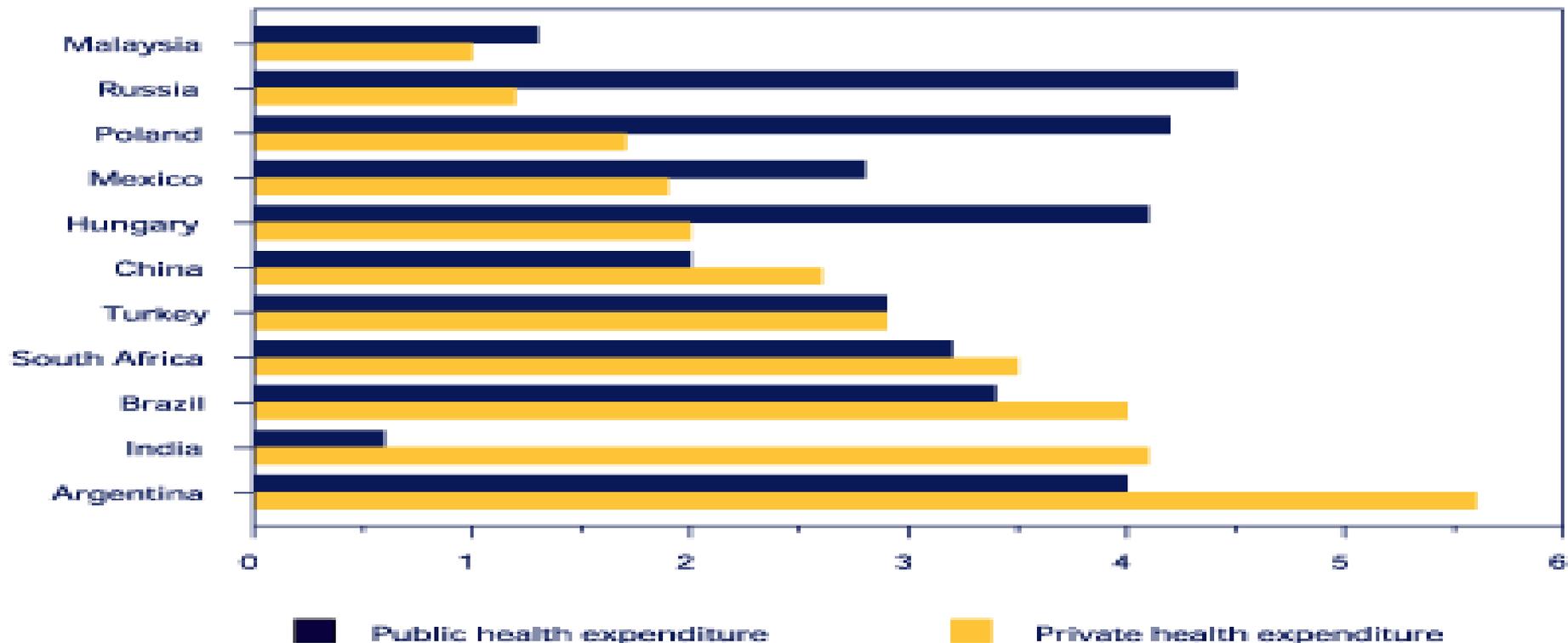


We can see that Singapore has successfully maintained a good 'level of health' while transferring more responsibility to the population to finance its own healthcare.



The United States, on the other hand, has a significant imbalance in overall 'health system performance' and 'level of health' despite spending a total of 14% of GDP on healthcare, of which private sector funding accounts for over half the total.

Figure 5: Health expenditure as a % of GDP 1992-98

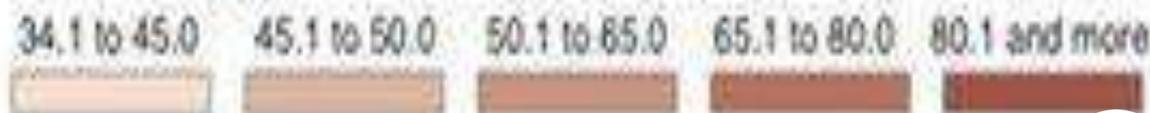
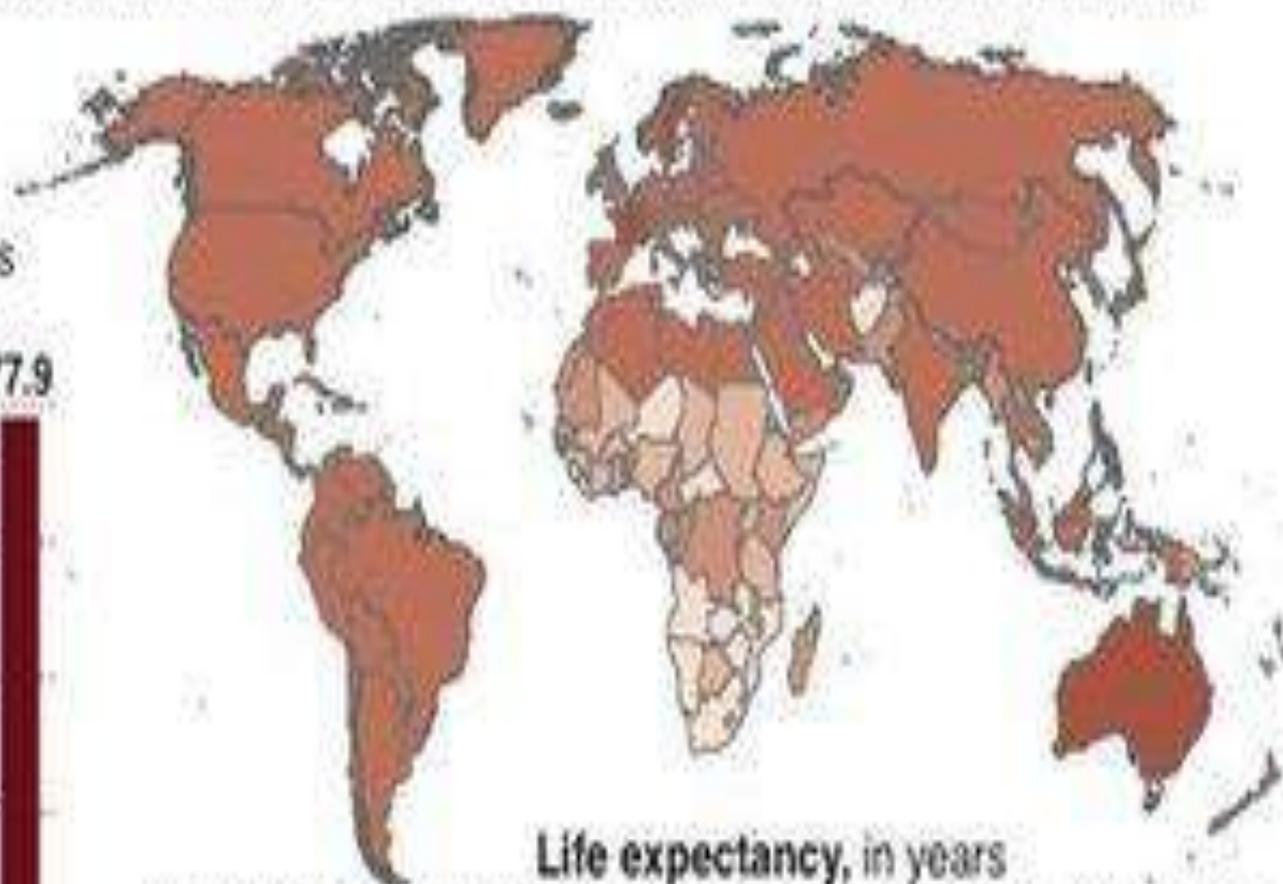
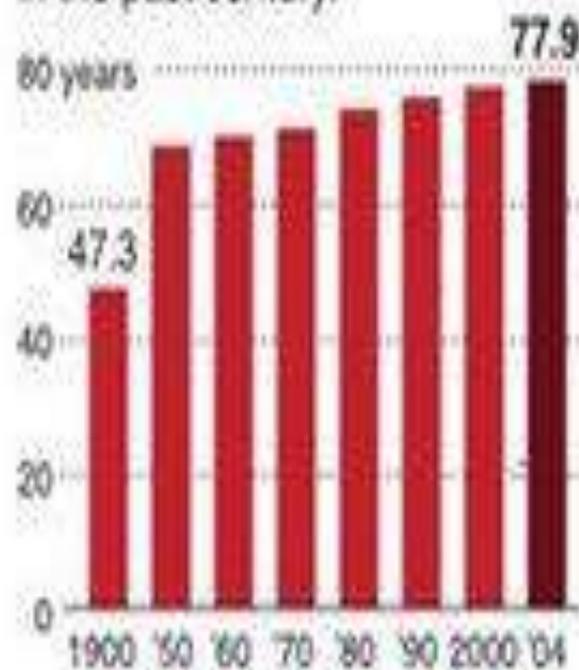


One-fifth of all countries exceed U.S. in life expectancy

Japan's life expectancy was 82 years for babies born in 2004, leading the list of developed countries, while the U.S. is just above Mexico with 77.9 years.

U.S. life expectancy

has been extended by 30 years in the past century.



HEALTH AND ILLNESS IN THE AMERICAN INDIAN AND ALASKA NATIVE POPULATION

BRIEF HISTORY OF AMERICAN INDIAN AND ALASKA NATIVE IN AMERICA

- **Before the arrival of Europeans, this country had “no name” but was inhabited by groups of people who called themselves nations. The people were strong both in their knowledge of the land and in their might as warriors.**
- **About 1010 A.D., the Vikings reached the shores, were unable to settle and left after a decade of frustration.**
- **Much later, the “Lost Colonies” were repulsed.**
- **More Europeans settled and expanded westward.**

BRIEF HISTORY OF AMERICAN INDIAN AND ALASKA NATIVE IN AMERICA

- **Treaties were made to claim the newly “discovered” lands and divided among the Europeans.**
 - **The Native Americans were forced to move westward, many died from wars and disease, all suffered.**
 - **Their lives disrupted, their land was lost, many leaders and teachers perished.**
- 

NATIVE AMERICAN POPULATION DATA

- July 1, 2009 – 3.15 million people living in North American continent and Alaska, or 1.05% of total US population.
- 2000: 2.66 million in 2000 or 0.96%

STATES WITH LARGEST NATIVE AMERICAN POPULATION:

- **California**
- **Oklahoma**
- **Arizona**
- **Texas**
- **New Mexico**
- **New York**
- **Washington**
- **North Carolina**
- **Michigan**
- **Alaska**

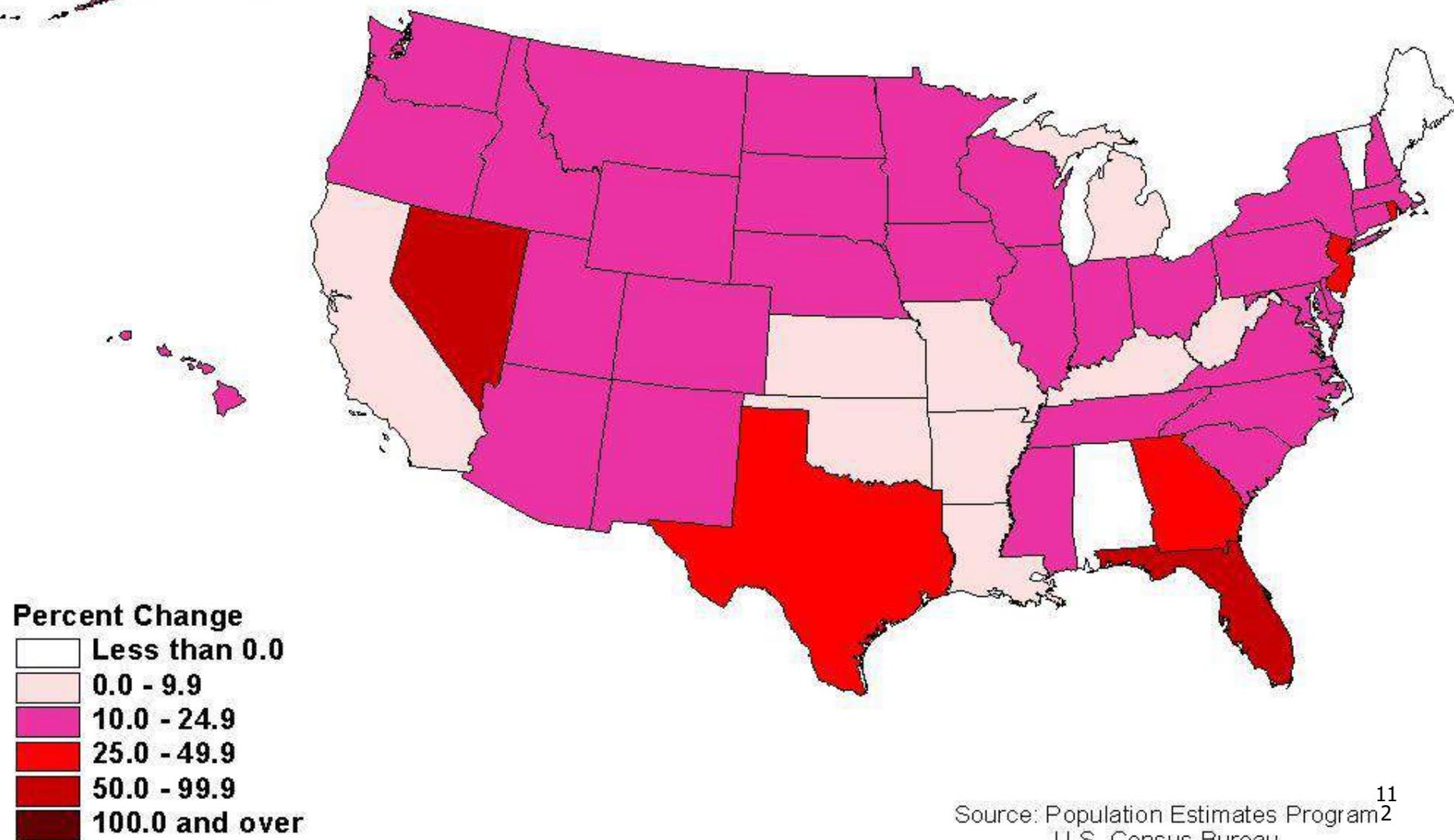
US Census: 2000

US CITIES WITH LARGEST POPULATIONS:

- **New York, NY**
- **Los Angeles, CA**
- **Phoenix, Arizona**
- **Tulsa, OK**
- **Oklahoma City, OK**
- **Anchorage, Alaska**
- **Albuquerque, NM**
- **Tucson, Arizona**
- **Chicago, Illinois**
- **San Diego, CA**
- **Houston, Texas**

US Census: 2000

Figure 7. Percent Change in the American Indian and Alaska Native Population by State: 1990-1999



LARGEST NATIONS OF NATIVE AMERICANS

- **Cherokee – 281,069 (alone); 729,533 (alone and in Combination)**
- **Navajo – 269,202; 298,197**
- **Latin American Indian – 104,354; 180,940**
- **Choctaw – 87,349; 158,774**
- **Sioux – 108,272; 153,360**
- **Chippewa – 105,907; 149,669**
- **Apache – 57,060; 96,833**
- **Blackfeet – 27,104; 85,750**
- **Iroquois – 45,212; 80,822**
- **Pueblo – 59,533; 74,085**

US Census: 2000

TRADITIONAL DEFINITIONS OF HEALTH

Living in “total harmony with nature and having the ability to survive under exceedingly difficult circumstances”

Zuchoff, M (1995, April 18). More and more claiming America Indian heritage. *Boston Globe*.

“Humankind has an intimate relationship with nature. The earth gives food, shelter, and medicine to humankind, and for this reason, all things of the earth belong to human beings and nature. The Land belongs to life, life belongs to the land, and the land belongs to itself. In order to maintain Health, Indians must maintain their relationship with nature. Mother Earth is the friend to the Indians, and the land belongs to the Indians.”

Boyd, D. (1974). *Rolling Thunder*. New York: Random House

“According to Indian belief, as explained by a medicine man, Rolling Thunder, the human body is divided into two halves that are seen as plus and minus (positive and negative energy poles). The energy of the body can be controlled by spiritual means. It is further believed that every being has a purpose and an identity. Every being has the power to control his or her own self, and from this force and the belief in its potency the spiritual power of a person is kindled.”

Boyd, D. (1974). *Rolling Thunder*. New York: Random House

TRADITIONAL DEFINITIONS OF ILLNESS

“In all American Indian cultures, disease is associated with the religious aspect of society as supernatural powers are associated with the causing and curing of disease. Disease is conceived in a wide variety of ways. It is believed to occur due to a lack of prevention that is given by wearing charms, the presence of some material object that has intruded into the body via sorcery, or the absence of the free soul from the body.”

Lyon, WS. (1996). *Healing Encyclopedia of Native American*. New York: Norton.

THE TRADITIONAL HEALER

“The traditional healer of Native America is the medicine man or woman. They know well the interrelationships of human beings, the earth and the universe. They perform special ceremonies that may take up to several days to determine the cause of illness. The acquisition of full shamantic powers often takes as many as 30 years of training before one has the ability to cure illness.”

Lyon, WS. (1996). *Healing Encyclopedia of Native American*. New York: Norton.

TRADITIONAL REMEDIES

Among the Oneida Indians, the following remedies are used:

- **Colds: Witch Hazel, sweet flag**
- **Sore throat: Comfrey**
- **Diarrhea: Elderberry flowers**
- **Headache: Tansy and sage**
- **Ear infection: Skunk oil**
- **Mouth sores: Dried raspberry leaves**

Knox ME, Adams L. (1988). Traditional health practices of the Oneida Indian. Research report. College of Nursing, University of Wisconsin at Oshkosh.

TRADITIONAL REMEDIES

Among the Hopi Indians, the following remedies are used:

- **Cuts and wounds: treated with globe mallow.**
- **Spider bites: sunflower**
- **Snakebites: bladder pod; chewed and placed on bite.**
- **Headaches: Fleabane, drunk as tea or bound to head**
- **Digestive disorders: blue gillia, drunk as tea**
- **Laxative: stem of yucca plant**

Leek, S. (1975). *Herbs: Medicine and mysticism*. Chicago: Henry Regnery

TRADITIONAL REMEDIES

Among the Micmac Indians of Canada, the following remedies are used:

- **Warts:** Juice of milkweed plant
- **Obesity:** Spruce bark and water
- **Rheumatism:** Juniper berries.
- **Diabetes:** Combination of blueberries and huckleberries
- **Insomnia:** Eat a head of lettuce a day
- **Diarrhea:** Tea from wild strawberry.

Personal Interviews, Boston Indian Council, 1984; Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

MORBIDITY AND MORTALITY

According to the Indian Health Services (IHS), during the years 1992-1994, age-adjusted death rates of the following causes were considerably higher than those of the entire US population:

- Alcoholism – 579% greater
- Tuberculosis – 475% greater
- Diabetes mellitus – 231% greater
- Accidents – 212% greater
- Suicide – 70% greater
- Pneumonia and influenza – 61% greater
- Homicide – 41% greater

Source: Eberhardt, MS, et al (2001). Health, United States, 2001; Hyattsville, MD: National Center for Health Statistics

COMPARISON: THE 10 LEADING CAUSES OF DEATH FOR AMERICAN INDIAN OR ALASKAN NATIVES AND FOR ALL PERSONS, 1999

American Indian or Alaskan Native	All Persons
1. Diseases of heart	Diseases of heart
2. Malignant neoplasms	Malignant neoplasms
3. Unintentional injuries	Cerebrovascular diseases
4. Diabetes mellitus	Chronic lower respiratory diseases
5. Cerebrovascular diseases	Unintentional injuries
6. Chronic liver disease and cirrhosis	Diabetes mellitus
7. Chronic lower respiratory diseases	Influenza and pneumonia
8. Influenza and pneumonia	Alzheimer's disease
9. Suicide	Nephritis, nephrotic syndrome and nephrosis
10. Homicide	Septicemia

EXAMPLES OF CULTURAL PHENOMENA AFFECTING HEALTH CARE AMONG THE AMERICAN INDIAN AND ALASKAN NATIVE POPULATION

Nations of Origin:	200 American Indian Nations indigenous to North America; Aleuts and Eskimos in Alaska
Environmental Control:	<ul style="list-style-type: none"> ■ Traditional health and illness beliefs may be observed by “traditional” people ■ Traditional healer – medicine man or woman
Biological Variations:	<ul style="list-style-type: none"> ■ Accidents ■ Heart Disease ■ Cirrhosis of the liver ■ Diabetes Mellitus
Social Organization:	<ul style="list-style-type: none"> ■ Extremely family oriented to both biological and extended families ■ Children are taught to respect traditions ■ Community social organizations
Communication:	<ul style="list-style-type: none"> ■ Tribal languages ■ Use of silence and body language
Space:	Space is very important and has no boundaries
Time Orientation:	Present

HEALTH AND ILLNESS IN THE ASIAN POPULATION

BRIEF HISTORY OF ASIANS IN AMERICA

- **1850 – only 1000 Chinese lived in America**
- **1880 – over 100,000, with discovery of gold in CA and need for cheap labor to build the transcontinental railroads.**
- **Most Chinese immigrants were men at the time.**
- **Between 1880-1930, Chinese populations dropped nearly 20% as they returned to China due to discriminatory labor practices.**
- **Chinese Exclusion Act halted immigration.**
- **Those that stayed, performed menial jobs.**
- **Immigration increased after WWII, as refugees joined family members in the US.**
- **Since 1965, the rate has increased by 10% per year.**
- **After 1975, newer immigrants were refugees of Vietnam war from Vietnam, Laos, Thailand and Cambodia.**

Some examples of discrimination of the Chinese Immigrant.

- 1859 “The California Superintendent of Education asked that state funds be withheld from schools that enrolled Chinese students. The California legislature declared that “Negroes, Mongolians (Chinese), and Indians shall not be admitted into public schools” and mandated separate schools for them.” (The Asian American Almanac, p.45)**
- 1870 San Francisco city ordinance that prohibited the use of sidewalks to those carrying loads on a pole - the way Chinese customarily carried heavy objects.**
- 1877 The California legislature appealed to Congress to limit Chinese immigration**
- 1879 The California legislature adopted a new constitution containing a section with punitive anti-Chinese provisions.**

IMPACT OF CHINESE EXCLUSION ACT OF 1882

“Exclusion not only curtailed immigration, but reduced the Chinese population, as those disgusted by discriminatory laws went home. The 1890 census reported 107,488 Chinese in the United States. Ten years later there were 89,863, and in 1910, 71,531.”

(The Asian American Almanac, p.49)

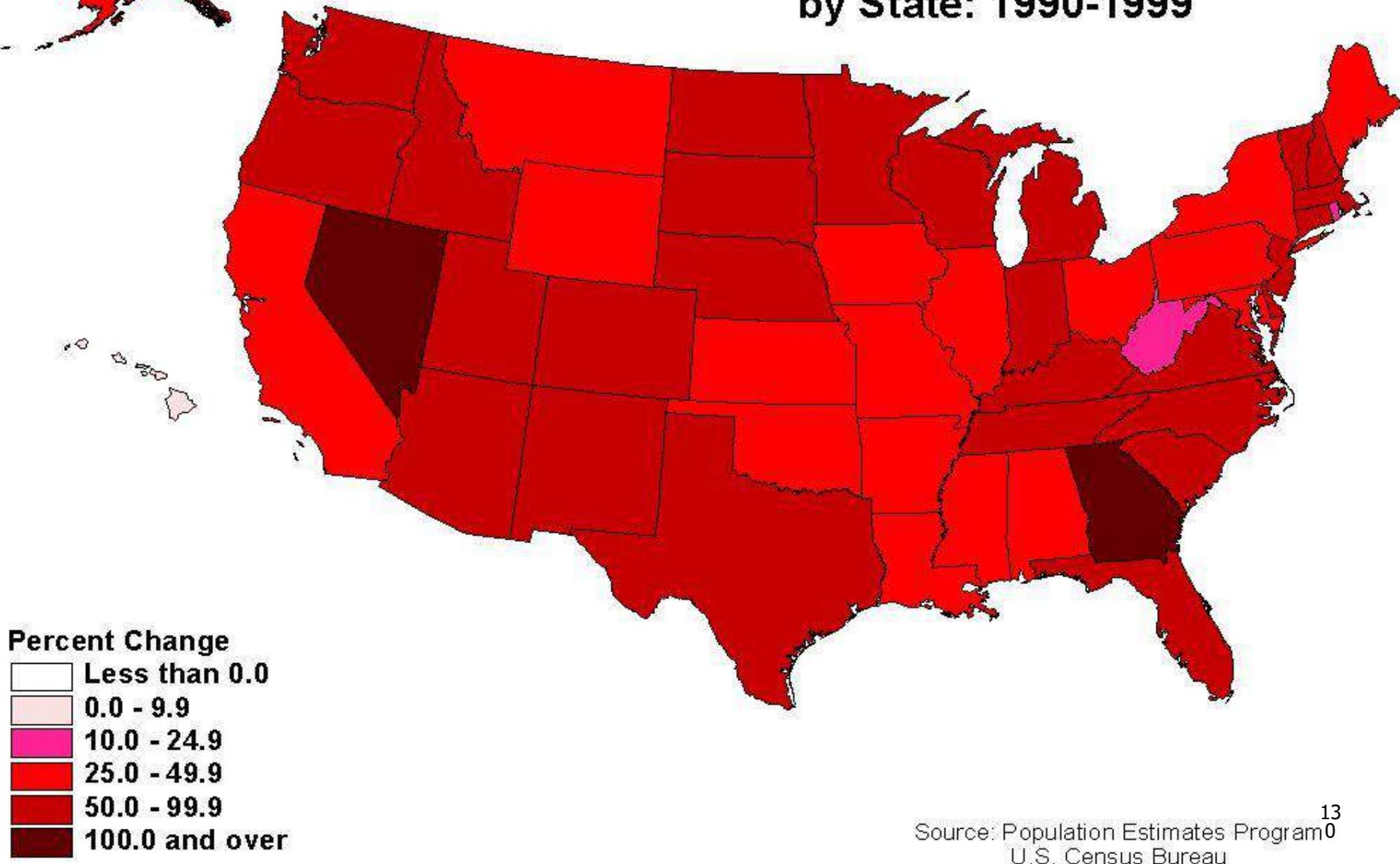
CHINESE EXCLUSION ACT REPEALED IN 1943

It was not until 1952, and the McCarran-Walter Act, that naturalization rights were extended to persons of all races. Thus, for the majority of the history of the United States, Asians have been excluded from the right to immigrate. However, when the Immigration and Naturalization Act of 1965 eliminated quotas for Asians, the tide of immigration changed. Over 400,000 Asians came to the United States in the 1960's.

ASIAN AMERICAN POPULATION DATA

- **July 1, 2009 – 14 million people living in US or 4.5% of total. 2000: 10.6 million or 3.8%**
- **Includes people from Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**
- **There are more than 30 different languages and cultures.**
- **49% of Asians live the West; in three states: Hawaii, California and Washington.**
- **The cities with largest Asian populations: New York, Los Angeles, San Jose, San Francisco, and Honolulu.**
- **Largest groups: Chinese: 2.7 million;**
- **Filipinos: 2.4 million; Asian Indians: 1.9 million**

Figure 6. Percent Change in the Asian and Pacific Islander Population by State: 1990-1999



TRADITIONAL DEFINITION OF HEALTH

- **Chinese medicine teaches that Health is a state of spiritual and physical harmony with nature.**
- **In ancient China, the task of the physician was to prevent illness.**
- **The physician was paid by the patient while the patient was healthy; payments stopped when illness occurred. Physician now had to pay for the needed medicine.**
- **A first-class physician not only cured an illness but could also prevent illness.**
- **A second-class physician had to wait for patients to become ill before they could be treated.**

TRADITIONAL DEFINITION OF ILLNESS

- **Dr. P. K. Chan (1988), explained the holistic concept of traditional Chinese medicine in preventing and treating diseases with two main components:**
- **The local pathological changes always are considered in conjunction with other tissues and organs of the entire body, instead of considered alone.**
- **Special attention is paid to the integration of the human body with the external environment. The onset, evolution, and change of disease are considered in conjunction with the geographic, social and other environmental factors.**

Chan PK. (1988, August 3). Herb Specialist, Interview by Spector. New York.

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

4000 years before English physician William Harvey described the circulatory system in 1682, Huang-ti Nei Ching (Yellow Emperor's Book of Internal Medicine) was written. This is the first known volume that describes the circulation of blood. It described the oxygen-carrying blood and defined the two basic world principles: yin and yang, powers that regulate the universe.

- Yin – represents the female, negative energy – the force of darkness, cold and emptiness.**
- Yang – represents the male, positive energy that produces light, warmth, and fullness.**

Chan PK. (1988, August 3). Herb Specialist, Interview by Spector. New York.

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

- **Yin and Yang exert power in the universe and over human beings.**
- **Illness is the disharmony of yin and yang, a disharmony that leads to pathological changes, with excesses of one and deficiencies of the other, disturbances of vital energy and blood, malfunctioning of the viscera...**

Chan PK. (1988, August 3). Herb Specialist, Interview by Spector. New York.
Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

TRADITIONAL METHODS OF HEALING

- **Acupuncture – between 106 B.C. and A.D. 200**
- **Moxibustion – cupping; remove cold and damp “evils”**
- **Herbal remedies**
 - Ginger powder – digestion
 - Broth of ginger and bamboo leaves – sedative
 - Ginger tea – faintness after childbirth
 - Raw ginger – restoration of frail child
 - Deer antlers – strengthen bones, increase man’s potency, dispel nightmares
 - Quicksilver – used externally to treat venereal diseases
 - Rhinoceros horns – anti-toxin to snakebites
 - Turtle shells – stimulate weak kidneys and remove gallstones
 - Snake flesh – to keep eyes healthy and vision clear
 - Seahorses – pulverized and used to treat gout
- **Traditional Healers – physicians of Chinese medicine**

COMPARISON: THE 10 LEADING CAUSES OF DEATH FOR ASIAN/PACIFIC ISLANDERS AND FOR ALL PEOPLES, 1999

Asian/Pacific Islander	All Persons
1. Diseases of heart	Diseases of heart
2. Malignant neoplasms	Malignant neoplasms
3. Cerebrovascular diseases	Cerebrovascular diseases
4. Unintentional injuries	Chronic lower respiratory diseases
5. Diabetes mellitus	Unintentional injuries
6. Chronic lower respiratory diseases	Diabetes mellitus
7. Influenza and pneumonia	Influenza and pneumonia
8. Suicide	Alzheimer's disease
9. Nephritis, nephrotic syndrome and nephrosis	Nephritis, nephrotic syndrome and nephrosis
10. Septicemia	Septicemia

Minino AM, Smith BL (2001). Deaths: Preliminary data for 2000. National Vital Statistics Reports, 49(12). Hyattsville, MD: National Center for Health Statistics.

EXAMPLES OF CULTURAL PHENOMENA AFFECTING HEALTH CARE AMONG AMERICANS OF ASIAN/PACIFIC ISLANDER HERITAGE

Nations of Origin:	China, Japan, Hawaii, the Philippines, Vietnam, Asian Indian, Korea, Samoa, Guam, Cambodia, Thailand and the remaining Asian/Pacific Islands
Environmental Control:	<ul style="list-style-type: none"> ■ Traditional health and illness beliefs may be observed by “traditional” people
Biological Variations:	<ul style="list-style-type: none"> ■ Hypertension ■ Liver cancer ■ Stomach cancer ■ Coccidioidomycosis ■ Lactose intolerance ■ Thalassemia
Social Organization:	<ul style="list-style-type: none"> ■ Family- hierarchical structure, loyalty ■ Large, extended family networks ■ Devotion to tradition ■ Many religions, including Taoism, Buddhism, Islam and Christianity
Communication:	<ul style="list-style-type: none"> ■ National Language preference ■ Use of silence ■ Nonverbal and contextual cueing
Space:	Noncontact people
Time Orientation:	Present

THE CHINESE PATIENT:

- **Many do not like diagnostic tests, but accepts the use of x-rays and immunizations**
- **Most are upset about having blood drawn, seen as source of life for the entire body.**
- **Believes that good physicians should be able to make a diagnosis simply by examining the person.**
- **Will be reluctant to undergo intrusive surgical procedures.**
- **The typical Chinese patient rarely complains about what bothers him or her. Silent withdrawal should be signal that something is wrong.**
- **Feels touching of one's head is disrespectful. Approach with care, explain your actions and reasons beforehand; get permission.**

Spector R. (2004). *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

HEALTH AND ILLNESS IN THE BLACK POPULATION

BRIEF HISTORY OF BLACKS IN AMERICA

- **1619: first entered this country, some sources claimed came with Columbus in 15th century but not as slaves**
- **1619-1860: more than 4 million people were transported here as slaves.**
- **The strongest and healthiest were snatched from their homes by slave dealers and shipped to North America.**
- **Captives were not taken care of or recognized as human beings and treated accordingly.**
- **Once here, families were separated; children were sold to other buyers.**
- **Slave owners bred their slaves like farmers breed cattle today. Strong men were bought and served as studs while women were judged on whether they would produce the desired stock of a particular man.**

BRIEF HISTORY OF BLACKS IN AMERICA

- **10%-30% of slaves brought to America, between 1711 and 1808 were Muslim.**
- **They brought their prayer practices, fasting and dietary practices, and their knowledge of the Qur'an.**

Eck D. (1994). *African religion in America: On common ground*.
New York: Columbia University Press, CD-ROM

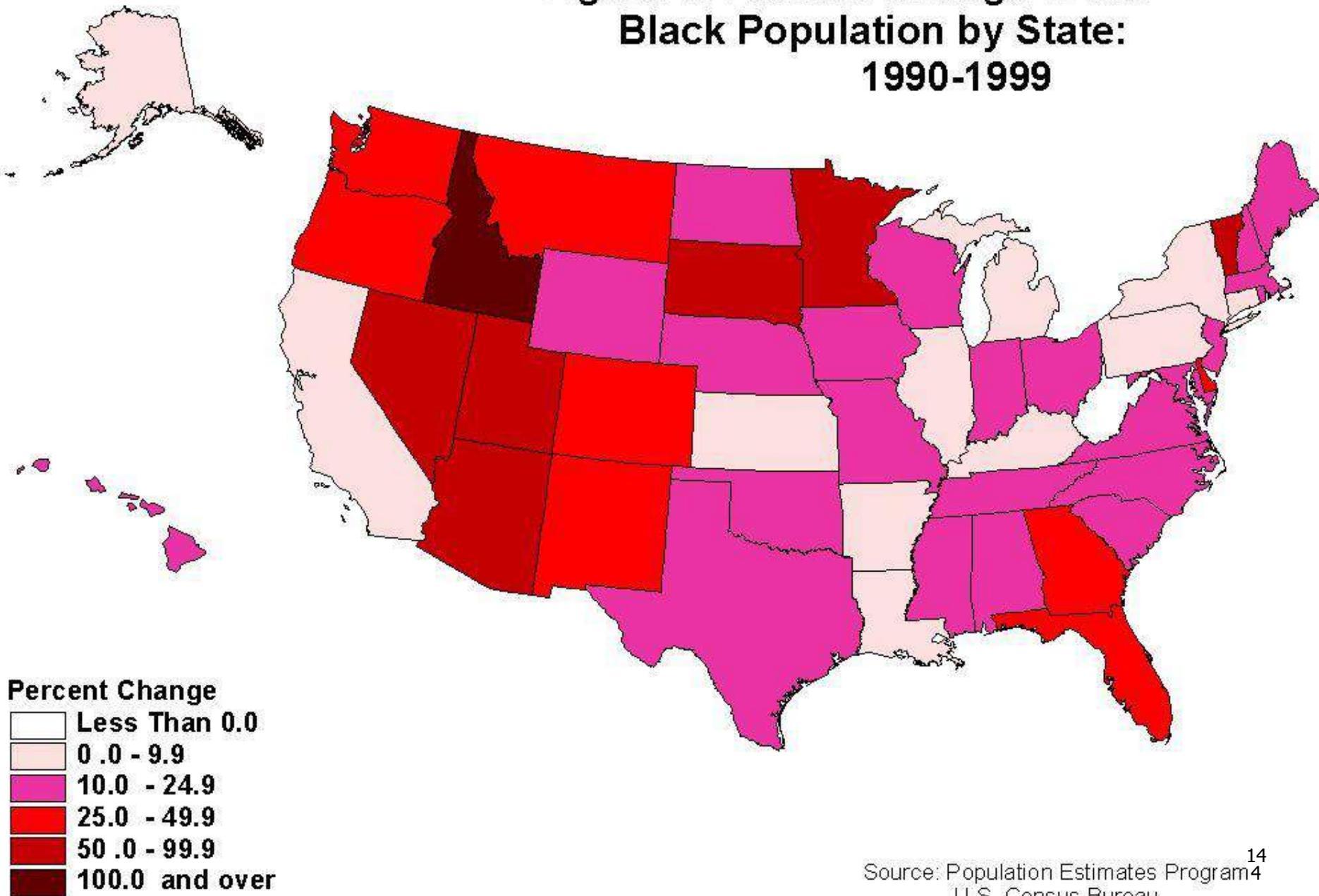
HIGHLIGHTS OF THE CIVIL RIGHTS MOVEMENT

- **1955: Rosa Parks refuses to give up her seat on a bus in Montgomery, Alabama, and the bus boycott begins**
- **1956: *Brown v. Board of Education* marks the beginning of the desegregation of public schools**
- **1959: Sit-ins at lunch counters**
- **1961: Segregation of interstate bus terminals ruled unconstitutional**
- **1962: Civil Rights Movement formally organized**
- **1963: March on Washington led by Dr. Martin Luther King, Jr.**
- **1964: Civil Rights Act passed**
- **1965: Malcolm X assassinated**
- **1965-1968: Over 100 race riots in American cities**
- **1968: Dr. Martin Luther King, Jr. assassinated**
- **1991: Beating of Rodney King**
- **1992: Major race riots in Los Angeles**
- **1995: Million Man March**
- **2009: US President Barack Obama**

BLACK OR AFRICAN AMERICAN POPULATION DATA

- **July 1, 2009 – 39.6 million or 13.1% of US population. 2000: 35.7 million or 12.8% of US.**
- **Today, voluntary immigration to US from: African countries, West Indian islands, the Dominican Republic, Haiti, and Jamaica.**
- **54.8% live in the South.**
- **The top 10 states: New York (3.2 mill), CA (2.5 mill), Texas (2.5 mill), Florida (2.5 mill), Georgia (2.4 mill), Illinois, N. Carolina, Maryland, Michigan, and Louisiana.**
- **The cities with largest Black populations: New York, Chicago, Detroit, Memphis and Houston.**
- **22.1% live in poverty; over half live in crowded and inadequate housing, poor schools, and high crime areas.**

Figure 5. Percent Change in the Black Population by State: 1990-1999



TRADITIONAL DEFINITION OF HEALTH/ILLNESS

- **African beliefs:** Life is a process rather than a state. All things, whether living or dead, is believed to influence one another.
- **Health:** One is in harmony with nature; they do not separate the mind, body and spirit.
- **Illness:** State of disharmony; sources were primarily demons and evil spirits. The goal of treatment is to remove these spirits.
- **The young and old were cared for by all members of the community.**

TRADITIONAL METHODS OF HEALTH MAINTENANCE AND PROTECTION

- **Health is maintained with proper diet.**
- **Three meals a day, including a hot breakfast**
- **Rest and a clean environment also are important**
- **Laxatives were and are used to keep the system “running” or “open”.**
- **Cod liver oil is taken to prevent colds**

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

TRADITIONAL METHODS OF HEALTH MAINTENANCE AND PROTECTION

- **Copper or silver bracelets may be worn around the wrist from the time a woman is a baby or young child. Protects the wearer as she grows.**
- **If skin around the bracelet turns black, alerts the woman to take precautions against impending illness. Consists of getting extra rest, praying more frequently, and eating more nutritious diet.**

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

TRADITIONAL METHODS OF HEALTH RESTORATION

- **Voodoo – came here in 1724, not clear if it is practiced today...**
- **Muslims fast for a 30-day period, no meat of land animals, one meal a day, in the evening.**

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey

TRADITIONAL METHODS OF HEALTH RESTORATION

- **Home remedies**

- Sugar and turpentine mixture – get rid of worms by drinking and back ache when rubbed on the skin from the navel to the back.
- Potatoes – sliced or grated, placed on painful area to draw out disease
- Goldenrod roots – teas to treat pain and reduce fevers
- Sassafras – tea to treat colds
- Bluestone – crushed to powder, prevents inflammation and treats poison ivy

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey

TRADITIONAL METHODS OF HEALTH RESTORATION

- **Home remedies**

- Two pieces of silverware – crossed “X” over painful area, to treat “crick” in the neck
- Clay and dark leaf – wrapped around sprained ankle
- Hot lemon water with honey – treatment for colds
- Fever – broken by placing raw onions on the feet and wrapping them in warm blankets.
- Garlic – placed in room or on ill person to remove the “evil spirits” that have caused the illness.

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey

MORBIDITY AND MORTALITY

- **Low-birth-weight highest than all races**
- **Born in 1999 in the US, Blacks (71.4) will live 5.9 years fewer than Whites (77.3).**
- **Almost twice the rate of dying from a stroke than Whites.**
- **Higher than Whites: risk of prostate cancer; coronary heart disease death rates; rate of AIDS.**
- **Most frequent cause of death for Black American men between ages 15 and 34 is homicide.**

Source: Eberhardt, MS, et al (2001). Health, United States, 2001; Hyattsville, MD: National Center for Health Statistics

EXAMPLES OF CULTURAL PHENOMENA AFFECTING HEALTH CARE AMONG BLACK OR AFRICAN AMERICANS.

Nations of Origin:	<ul style="list-style-type: none"> ■ Many West African countries (as slaves) ■ West Indian Islands ■ Dominican Republic ■ Haiti ■ Jamaica
Environmental Control:	<ul style="list-style-type: none"> ■ Traditional health and illness beliefs may be observed by “traditional” people
Biological Variations:	<ul style="list-style-type: none"> ■ Sickle-Cell anemia ■ Hypertension ■ Cancer of the esophagus ■ Stomach cancer ■ Coccidioidomycosis ■ Lactose intolerance
Social Organization:	<ul style="list-style-type: none"> ■ Family: Many single-parent households headed by females ■ Large, extended family networks ■ Strong church affiliations within community ■ Community social organizations
Communication:	<ul style="list-style-type: none"> ■ National Language ■ Dialect: Pidgin, French, Spanish, Creole
Space:	Close personal space
Time Orientation:	Present over future

THE BLACK OR AFRICAN AMERICAN PATIENT:

- **Continued to be viewed as inferior by White health care giver.**
- **Feel they are being talked down to by providers and that providers fail to listen to them.**
- **Some Blacks fear or resent health clinics, from mistreatment and feel like “material” on whom students practice and on whom medical research is done.**
- **These reasons and poverty (cannot afford the high costs of American health care), encourages the practice of home remedies**

Spector R. (2004) *Cultural Diversity In Health and Illness* (6th ed.) Person, Prentice Hall, New Jersey.

HEALTH AND ILLNESS IN THE LATINO/HISPANIC POPULATION

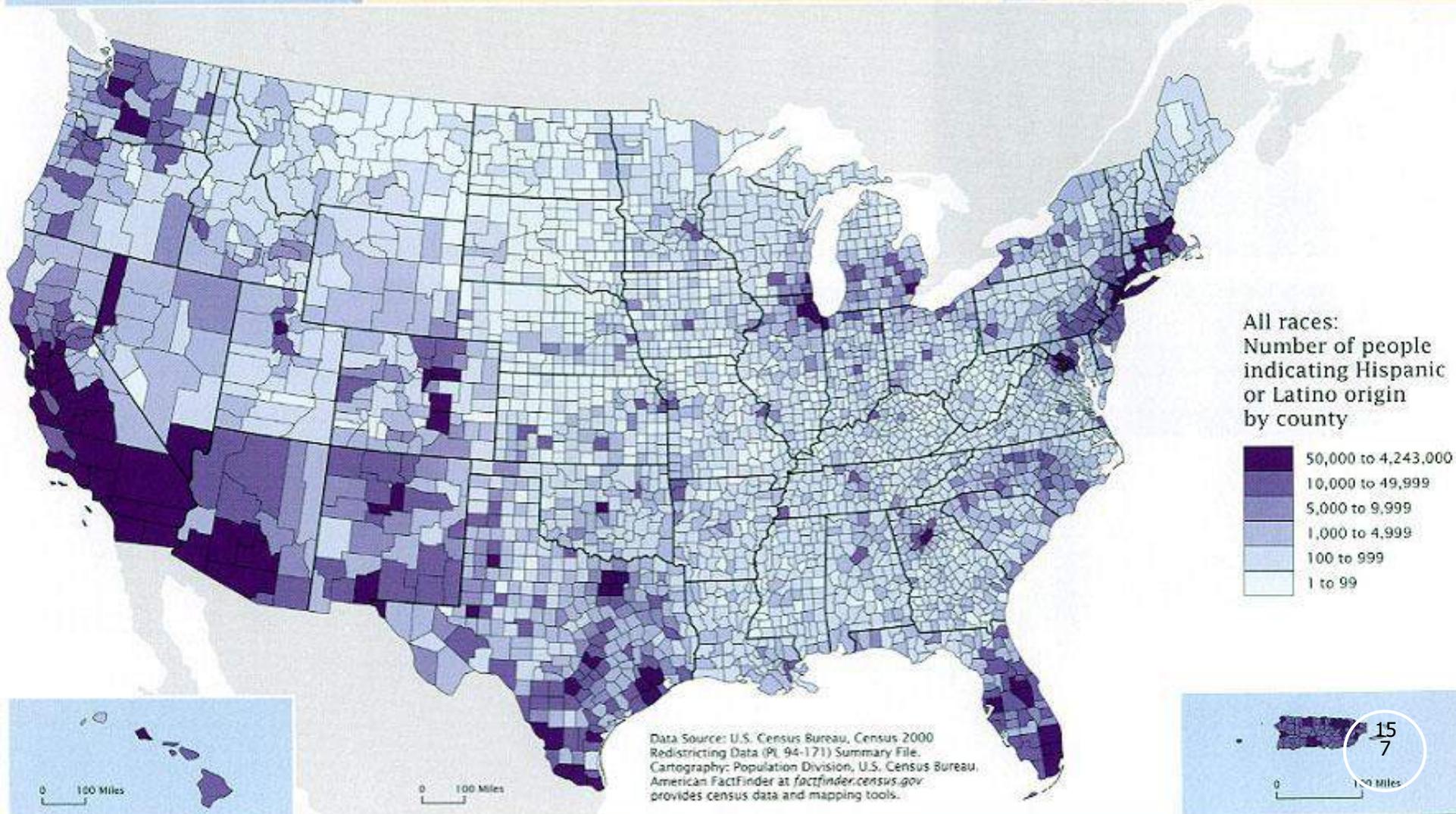
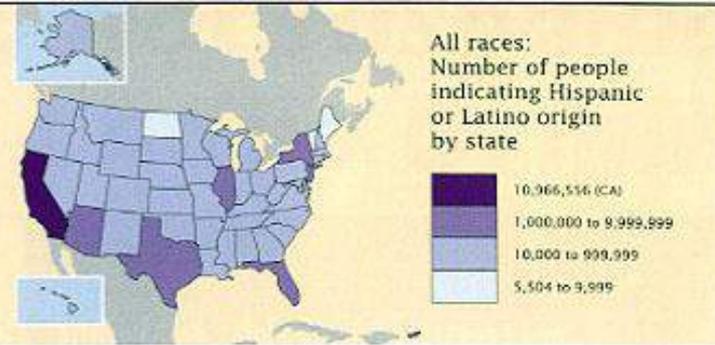
HISPANIC/LATINO POPULATION DATA

- **July 1, 2009 - 48.4 million or 16.1% of US. 2000: 35.3 million or 12.7%; second largest emerging majority group**
- **1990: 9% grew to 2000: 12%**
- **Includes people from Mexico, Puerto Rico, Cuba, Central and South America, Spain, and other Spanish-speaking communities living in the US.**

HISPANIC/LATINO POPULATION DATA

- **Mean age is 25.8 years, the youngest and fastest growing group**
- **44.7% living the West and 33.2% in the South**
- **2/5 Latinos have not graduated high school**
- **Like early settlers, most now live in Arizona, CA, Colorado, New Mexico, and Texas.**
- **66.1% of 32.8 million are from Mexico.**

Number of People, 2000 Hispanic or Latino Origin All Races



MEXICAN AMERICAN POPULATION DATA

- **Los Angeles has the second highest urban Mexican population in the hemisphere, outnumbered only by Mexico City**
- **Mexican Americans make up the majority of the largest non-English-speaking population in the US.**
- **The Mexican American population is the fastest growing population group in the US.**
- **The US is the 6th – ranking Spanish-speaking nation in the world.**

Carmack RM (1996). *The legacy of Mesoamerica*. Upper Saddle River, NJ: Prentice Hall

TRADITIONAL DEFINITION OF HEALTH/ILLNESS OF MEXICAN AMERICANS

Some sources state that Health is purely the result of “good luck”

Welch S. (1973, September). Some social and attitudinal correlates of health care among Mexican Americans. *Journal of Health and Social Behavior*, 14, 205.

Some describe Health as a reward for good behavior. Health is a gift from God and should not taken for granted.

Illness is seen as an imbalance in an individual's body or as punishment for some wrongdoing.

Lucero G (1975, March). Health and illness in the Mexican Community.
Lecture given at Boston College School of Nursing.

CAUSES OF ILLNESS: 5 CATEGORIES

- 1. The Body's Imbalance: "hot" and "cold" or "wet" and "dry"; a hot illness must be treated with a cold substance and vice-versa. The classifications of hot and cold foods vary from person to person; it is wise to ask the patient what he or she can eat. For example, after a woman delivers a baby (a hot experience), she can not eat pork (a hot food); she must eat something cold to restore her balance.**

Lucero G (1975, March). Health and illness in the Mexican Community.
Lecture given at Boston College School of Nursing.

CAUSES OF ILLNESS: 5 CATEGORIES

2. Dislocation of Parts of the Body:

Empacho – is believed to be caused by a ball of food clinging to the wall of the stomach, causing stomach pains and cramps; it is treated by rubbing and gently pinching the spine. (Could be “acute appendicitis”)

Lucero G (1975, March). Health and illness in the Mexican Community.

Lecture given at Boston College School of Nursing.

CAUSES OF ILLNESS: 5 CATEGORIES

2. Dislocation of Parts of the Body (Cont.):

Caida de la Mollera – a more serious illness, occurs in infants and young children under 1 year who are dehydrated for some reason (usually from diarrhea or severe vomiting) and whose anterior fontanelle is depressed below the contour of the skull. Some people believe that it is caused by the physician or nurse having touched the head of the baby. In the Southwest, where diarrhea is common, look out for this condition and encourage re-hydration methods.

Lucero G (1975, March). Health and illness in the Mexican Community.

Lecture given at Boston College School of Nursing.

CAUSES OF ILLNESS: 5 CATEGORIES

3. Magic or Supernatural Causes Outside the Body:

Mal Ojo – “bad eye”, general malaise, sleepiness, fatigue and severe headaches; caused by excessive admiration on the part of another. Cure is to find the person causing the illness and cast the “bad eye” and then care for the afflicted person.

Nall FC (1967). Social and cultural factors in the responses of Mexican-Americans to medical treatment. *Journal of Health and Social Behavior*, 8, 302.

CAUSES OF ILLNESS: 5 CATEGORIES

- 4. Strong Emotional States: *Susto* is caused by fright from a dream or experiences a traumatic event. It involves soul loss: the soul is able to leave the body and wander freely. Symptoms include: restlessness, anorexia, disinterest in personal appearance, loss of strength, depression, and introversion. Treated by a *curandero* (a folk healer), who coaxes the soul back into the person's body. During the healing, the person is massaged and made to relax.**

Rubel AJ (1964, July). The epidemiology of a folk illness. *Susto* in Hispanic America. *Ethnology*, 3(3), 270-271

CAUSES OF ILLNESS: 5 CATEGORIES

5. **Envidia.** or envy, also is considered to be a cause of illness and bad luck. Many people believe that to succeed is to fail. One's success provokes the envy of friends and neighbors, misfortune can befall the person and his or her family. For example, a successful farmer, just when he is able to purchase extra clothing and equipment, is stricken with a fatal illness. A number of social scientists have, after much research, concluded that the "low" economic and success rates of the Mexican can be attributed to belief in *envidia*.

Lucero G (1975, March). Health and illness in the Mexican Community.

Lecture given at Boston College School of Nursing

Examples of Hot and Cold foods used to treat certain illnesses in the Puerto Rican culture.

Don't be surprised to hear someone sharing with you they have tried chocolate or alcoholic beverages to treat their joint pains.

THE HOT-COLD CLASSIFICATION AMONG PUERTO RICANS

	Frio (cold)	Fresco (cool)	Caliente (hot)
Illness/bodily condition	<ul style="list-style-type: none"> ■ Arthritis ■ Menstrual period ■ Joint pains 	Colds	<ul style="list-style-type: none"> ■ Constipation ■ Diarrhea ■ Pregnancy ■ Rashes ■ Ulcers
Medicine and herbs		<ul style="list-style-type: none"> ■ Bicarbonate soda ■ Linden flowers ■ Milk of magnesia ■ Orange flower water ■ Sage ■ Tobacco 	<ul style="list-style-type: none"> ■ Anise ■ Aspirin ■ Castor oil ■ Cinnamon ■ Cod-liver oil ■ Penicillin ■ Vitamins
Foods	<ul style="list-style-type: none"> ■ Avocado ■ Banana ■ Coconut ■ Lima beans ■ Sugar cane ■ White beans 	<ul style="list-style-type: none"> ■ Whole milk ■ Chicken ■ Fruits ■ Honey ■ Raisins ■ Peas 	<ul style="list-style-type: none"> ■ Alcoholic beverages ■ Chili peppers ■ Chocolate ■ Coffee ■ Corn meal ■ Garlic

COMPARISON: THE 10 LEADING CAUSES OF DEATH FOR HISPANIC/LATINO AMERICANS AND FOR ALL PERSONS, 1999

Hispanic/Latino	All Persons
1. Diseases of heart	Diseases of heart
2. Malignant neoplasms	Malignant neoplasms
3. Unintentional injuries	Cerebrovascular diseases
4. Cerebrovascular diseases	Chronic lower respiratory diseases
5. Diabetes mellitus	Unintentional injuries
6. Chronic liver disease and cirrhosis	Diabetes mellitus
7. Homicide	Influenza and pneumonia
8. Chronic lower respiratory diseases	Alzheimer's disease
9. Influenza and pneumonia	Nephritis, nephrotic syndrome and nephrosis
10. Certain conditions originating in the perinatal period	Septicemia

EXAMPLES OF CULTURAL PHENOMENA AFFECTING HEALTH CARE AMONG HISPANIC/LATINO AMERICANS

Nations of Origin:	Hispanic countries: Spain, Cuba, Mexico, Central and South America, Puerto Rico
Environmental Control:	<ul style="list-style-type: none"> ■ Traditional health and illness beliefs may be observed by “traditional” people ■ Folk medicine tradition
Biological Variations:	<ul style="list-style-type: none"> ■ Diabetes Mellitus ■ Parasites ■ Coccidioidomycosis ■ Lactose intolerance
Social Organization:	<ul style="list-style-type: none"> ■ Nuclear families ■ Large, extended family networks ■ Compadrazzo (godparents) ■ Strong church affiliations within community ■ Community social organizations
Communication:	<ul style="list-style-type: none"> ■ Spanish or Portuguese are the primary languages
Space:	<ul style="list-style-type: none"> ■ Tactile relationships; touch, handshakes, embrace ■ Value physical presence
Time Orientation:	Present

THE HISPANIC/LATINO PATIENT:

Many barriers: Language (very few health care providers speak Spanish), Poverty (malnutrition, TB, lead poisoning), and Time Orientation (time is a relative phenomenon and little attention is given to the exact time of day, will show up late for appointments; prefer to attend walk-in clinics instead)

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

The Puerto Ricans' general progression of seeking care:

- 1. Seeks advice from a daughter, mother, grandmother or neighbor woman (because women of this culture are primary healers and dispensers of medicine on the family level);**
- 2. If advice is not sufficient, a *senoria* is asked (a woman who is especially knowledgeable about the causes and treatments of illness);**

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

- 3. After her, the person goes to a *curandera* or *santero* (folk practitioners);**
- 4. Still not satisfied, person will go to a physician;**
- 5. If still not satisfied, the person will return to the folk healers.**

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

**You are not the first the “doctor”
they have seen.**

**Expect a delay in seeking health
care.**

Spector R (2004) *Cultural Diversity in Health and Illness*. (6th ed.); Person, Prentice Hall; New Jersey.

HEALTH AND ILLNESS IN THE WHITE POPULATION

WHITE POPULATION DATA

- **July 1, 2009 - 244 million or 66%. 2001: 195 million or 70.1 % of US population**
- **1820 – 1990: people came from Germany, Italy, United Kingdom, Ireland, Austria-Hungary, Canada and Russia.**
- **Mean age is 37.7 years, the oldest of each population group**

WHITE POPULATION DATA

Ten largest cities in total population and percentage of Whites only population in 2000:

1. New York (44.7%),
2. Los Angeles (46.9%),
3. Chicago (42.0%),
4. Houston (49.3%),
5. Philadelphia (45.0%),
6. Phoenix (71.1%),
7. San Diego (60.2%),
8. Dallas (50.8%),
9. San Antonio (67.7%),
10. Detroit (12.3%)

Since there are many countries of origin and will need more than 6 hours, for this lecture, we will use Italians as an example of the White population.

BRIEF HISTORY OF ITALIAN AMERICANS

- **America was “discovered” by an Italian, Christopher Columbus; named for an Italian, Amerigo Vespucci.**
- **Between 1820 and 1990, over 5 million immigrated to the US (peak years were 1901-1920).**
- **Came from mainland Italy, Sicily, Sardinia and other Med. islands that are part of Italy.**
- **Lived in neighborhood enclaves such as the North End in Boston and Little Italy in New York.**
- **Future generations have moved out but return to maintain family, community and ethnic ties.**
- **51% of Italians live in the Northeast (US census, 2001)**

TRADITIONAL DEFINITION OF HEALTH/ILLNESS OF ITALIAN AMERICANS

Italians tend to present their symptoms to their fullest point and to expect immediate treatment for ailments.

Traditionally, they believed the causes of disease were:

- 1. Winds and currents bear diseases (moving air, drafts cause disease; fresh air is vital to maintain health)**
- 2. Contagion or contamination (reluctance to share food or objects with unclean persons)**
- 3. Heredity**
- 4. Supernatural or human causes (evil eye “*malocchio*” or curses “*castiga*” can cause disease)**
- 5. Psychosomatic interactions (belief that suppression of emotions can cause disease; it is not healthy to bottle up emotions.)**

THE ITALIAN AMERICAN PATIENT:

Italian Americans tend to report more symptoms and report them more dramatically. They are motivated to seek explanations with respect to their health status and the care they are to receive. If instructions and explanations are well given, Italians tend to cooperate with health care providers.

Giordano J (1996). Italian families. Ethnicity and family therapy (2nd edition). New York: Guilford

COMPARISON: THE 10 LEADING CAUSES OF DEATH FOR WHITE AND FOR ALL PERSONS, 1999

White	All Persons
1. Diseases of heart	Diseases of heart
2. Malignant neoplasms	Malignant neoplasms
3. Cerebrovascular diseases	Cerebrovascular diseases
4. Chronic lower respiratory diseases	Chronic lower respiratory diseases
5. Unintentional injuries	Unintentional injuries
6. Influenza and pneumonia	Diabetes mellitus
7. Diabetes mellitus	Influenza and pneumonia
8. Alzheimer's Disease	Alzheimer's disease
9. Nephritis, nephrotic syndrome and nephrosis	Nephritis, nephrotic syndrome and nephrosis
10. Suicide	Septicemia

EXAMPLES OF CULTURAL PHENOMENA AFFECTING HEALTH CARE AMONG EUROPEAN (WHITE) AMERICANS

Nations of Origin:	Germany, England, Italy, Ireland, former Soviet Union, and all other European countries.
Environmental Control:	<ul style="list-style-type: none"> ■ Primary reliance on “modern, Western” health-care delivery system ■ Some remaining folk medicine tradition ■ Homeopathic medicine resurgent
Biological Variations:	<ul style="list-style-type: none"> ■ Diabetes Mellitus ■ Breast Cancer ■ Thalassemia ■ Heart Disease
Social Organization:	<ul style="list-style-type: none"> ■ Nuclear families ■ Extended families ■ Judeo-Christian religions ■ Community and social organizations
Communication:	<ul style="list-style-type: none"> ■ National languages ■ Verbal rather than non-verbal
Space:	<ul style="list-style-type: none"> ■ Noncontact people – aloof, distant ■ Southern countries – closer contact and touch
Time Orientation:	Future over Present

WORKING WITH INTERPRETERS IN HEALTH CARE SETTINGS



**IN THE NEXT SECTION, WE WILL
DISCUSS HOW TO PROPERLY USE
INTERPRETS FOR PERSONS WITH
LIMITED ENGLISH PROFICIENCY.**

INTERPRETERS

- **About 26 percent of interpreters and translators are self-employed; many freelance and work in this occupation only sporadically.**
- **In addition to needing fluency in at least two languages, many interpreters and translators need a bachelor's degree.**
- **Employment is expected to grow much faster than average.**
- **Job prospects vary by specialty and language.**

US Bureau of Labor Statistics

INTERPRETERS

- **50,900 jobs in 2008.**
- **28 percent worked in public and private educational institutions, such as schools, colleges, and universities.**
- **13 percent worked in healthcare and social assistance, many of whom worked for hospitals.**

US Bureau of Labor Statistics

WHO CAN YOU USE AS AN INTERPRETER?

- **Trained bilingual staff**
- **On-staff interpreters**
- **Contract interpreters**
- **Telephone interpreters**
- **Trained volunteers**

WHO SHOULD NOT SERVE AS A HEALTH INTERPRETER?

- **Patients' family and friends (patients may not feel comfortable with personal health information)**
- **Children under 18 years old (parents may not want their children to worry)**
- **Other patients and visitors (HIPAA issues)**
- **Untrained volunteers**

WHAT CAN TRAINED INTERPRETERS DO FOR ME?

- **Reduce liability, help ensure appropriate utilization, increase client compliance and satisfaction with services**
- **Provide a quality service**
- **Assure effective communication between the client and provider**

WHAT CAN TRAINED INTERPRETERS DO FOR ME?

- **Support effective use of time during the clinical encounter**
- **Improve outcomes**

Interpreters may help shorten hospital stays

Fri, May 25 2012

By Aparna Narayanan

NEW YORK (Reuters Health) - Hospitalized patients who aren't fluent in English end up spending fewer days in the hospital when they get help from a language interpreter at certain crucial times, according to a new U.S. study.

People who had access to translation services were also less likely to be readmitted for the same complaint within the next month, researchers found.

Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature

Leah S. Karliner, Elizabeth A. Jacobs, Alice Hm Chen, and Sunita Mutha

Study Design. Any peer-reviewed article which compared at least two language groups, and contained data about professional medical interpreters and addressed communication (errors and comprehension), utilization, clinical outcomes, or satisfaction were included. Of 3,698 references, 28 were found by multiple reviewers to meet inclusion criteria and, of these, 21 assessed professional interpreters separately from ad hoc interpreters. Data were abstracted from each article by two reviewers. Data were collected on the study design, size, comparison groups, analytic technique, interpreter training, and method of determining the participants' need for an interpreter. Each study was evaluated for the effect of interpreter use on four clinical topics that were most likely to either impact or reflect disparities in health and health care.

Principal Findings. In all four areas examined, use of professional interpreters is associated with improved clinical care more than is use of ad hoc interpreters, and professional interpreters appear to raise the quality of clinical care for LEP patients to approach or equal that for patients without language barriers.

Conclusions. Published studies report positive benefits of professional interpreters on communication (errors and comprehension), utilization, clinical outcomes and satisfaction with care.

CULTURAL ASPECTS OF WORKING WITH PEOPLE FROM DIFFERENT CULTURES:

- **Avoid stereotyping**
- **Try to assign same-sex health care interpreters**
- **Be familiar with folk illnesses**
- **Consider the priorities for the patient**
- **Learn about the beliefs and practices of the patient populations you serve**

TIPS FOR PROVIDERS WORKING WITH INTERPRETERS:

- **Introduce all participants**
- **Position interpreter behind the patient or slightly off to the side; always focus on the patient**
- **Speak directly to the client and use first person**
- **Speak at a moderate pace and at normal volume**

TIPS FOR PROVIDERS WORKING WITH INTERPRETERS:

- **Pause often**
- **Avoid using technical vocabulary**
- **Allow the interpreter time to interpret; do not expect them to interpret while you are speaking**

TIPS FOR PROVIDERS WORKING WITH INTERPRETERS:

- **Ask the interpreter to interpret everything that is said exactly: add nothing, omit nothing and change nothing**
- **Document the use of an interpreter by name, in the client chart**

MORE RESOURCES:

- **National Council on Interpreting in Health Care**
- **Certification Commission for Healthcare Interpreters**